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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: Nicholas Hatton, M.D., PA DOCUMENT NUMBER: P20000042801 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Boyd N. Hatton Name of Contact Person Firm/ Company 7 Moss Point Dr. Address Ormond Beach, FL 32174 City/ State and Zip Code nhattonmd@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 336-3024 Area Code & Daytime Telephone Number Boyd N. Hatton Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED 2020 JUN 29 P. 1: 28

Nicholas Hatton, M.D., P.A.		4
(Name of Corporatio	n as currently filed with the Flor	rida Dept. of State)
P20000042801		
(Docume	ent Number of Corporation (if kno	(wn)
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corpo	pration adopts the following amendment
3. <u>If amending name, enter the new name of the condense of th</u>	rporation:	_
ame must be distinguishable and contain the word "con Inc.," or Co.," or the designation "Corp," "Inc,"	or "Co". A professional corpo	
chartered, " "professional association," or the abbrev  B. Enter new principal office address, if applicable:	N/A	1
Principal office address <u>MUST BE A STREET ADD</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
•		4
. If amending the registered agent and/or registered new registered agent and/or the new registered o		r the name of the
Name of New Registered Agent N/A	····	
	(Florida street address)	
	(	
New Registered Office Address:	(City)	, Florida (Zip Code)
		;
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		bligations of the position.
		1
Signat	ture of New Registered Agent, if ch	ianging ,
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (c), F.S.	•

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jone	<u>es</u>		
<u>X</u> Add	<u>sv</u>	Sally Smi	i <u>th</u>		
Type of Action (Check One)	<u>Title</u>	<u>1</u>	Name	<u>Addres</u> s	1
1) Change	_	<del></del> -			<u>:</u>
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Remove					- <del>.</del>
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5) Change					
Add					<u> </u>
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6) Change					
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(Attach additional sheets, if necessar	v). (Be specific)	1
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provisions for implementing the (if not applicable, indicate N/A	xchange, reclassification, or cancellation of issued mendment if not contained in the amendment its	I shares,
provisions for implementing the (if not applicable, indicate N/A	mendment if not contained in the amendment its	I shares,
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provisions for implementing the	mendment if not contained in the amendment its	elf: 

The date of each amendment(s) ad	option:	, if other than
date this document was signed.		
6-7-2 Effective date <u>if applicable</u> :	020	
intective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	i L
<b>—</b>		1,,,,,
The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of directors without shareholder action	and snareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	<i>t</i> ,
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	······································	Į Į
•	(voting group)	•
6-26-2020 Dated	11/2 Houlden	
(By a dir selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
I	Boyd N. Hatton	•
-	(Typed or printed name of person signing)	;
F	President	!
-	(Title of person signing)	i

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