## P21000005546

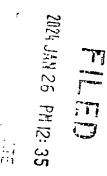
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Laurel A. Dunay P. A. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laure 1 Dunay Outcalt
Name of Contact Person Firm/ Company aton, FL 35 City/ State and Zip Code unay 1 @ gmail. com For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

## Articles of Amendment to Articles of Incorporation θſ

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
	2024 JAN 26 PH 12:
(D	TORRIZE PHIZE
(Document Numb	per of Corporation (if known)
ursuant to the provisions of section 607,1006. Florida Statutes, (	this Florida Profit Corporation adopts the following amendment(s)
s Articles of Incorporation:	
,	
. If amending name, enter the new name of the corporation	_
Laurel D. Outcalt	P. A. The new
ame must be distinguishable and contain the word "corporation,	""company " or "incorporated" or the abbreviation "Corn."
Inc.," or Co.," or the designation "Corp," "Inc," or "Co	". A professional corporation name must contain the word
chartered," "professional association." or the abbreviation "P	
•	
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Bora Rata, FL 33432
SAM AN ASS	T/
SAM Address 9	Bora Ration, +L 33432
•	
. Enter new mailing address, if applicable:	SOO N. E. Spanish Trail Boxa Ruton, FL 33432
(Mailing address MAY BE A POST OFFICE BOX)	SOO N. E. Spanish rail
	Roca Dato El 33/13)
	Dua Rutul, 12 DA
	•
. If amending the registered agent and/or registered office :	address in Florida, enter the name of the
new registered agent and/or the new registered office add	
	10
Name of New Registered Agent	
	·
A-Tomid	la street address)
(Fioria	u street (uuress)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered As hereby accept the appointment as registered agent. I am famil	gent: liar with and accept the obligations of the position
четелу ассері іне арронитені ах геуімегей ауст.— і ат јати	на жин ини иссерь те откушть ој те розион.
<u></u>	
Signature of Ne	ew Registered Agent, if changing

Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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.

X Change	PT	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<del></del>		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

<u>If amending or addi</u> Attach <i>additional sh</i>	eets, if necessary).	(Be specific)	is, nere.		
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f an amendment pr provisions for imp	ovides for an excl	nange, reclassificat	ion, or cancellation	n of issued shares.	
(if not applicab	le, indicate N/A)	indifferent it not con-	tained in the amen	differences.	
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Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blocoument's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	(voting group)
By a dire	way 22nd ,2024  MULLIUM  Ctor, president or other office—if directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court  Induciary by that fiduciary)

(Title of person signing)