P21000037731

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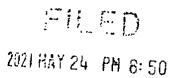
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COVER LETTER

TO: Amendment Secti Division of Corpo				
NAME OF CORPOR	AATION: Tim Kostidakis PA			
DOCUMENT NUMB				
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Timothy James Kostidakis			
		Name of Contact Person	1	
	· w	Firm/ Company		
	915 Woodmere Cir.,			
		Address		
	Ormond Beach. FL 32174			
		City/ State and Zip Cod	e e	
	youragenttimk@gmail.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Timothy Kostidakis		at (386	451-4643	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address 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		

Articles of Amendment to Articles of Incorporation of



Tim Kostidakis ⊋A.

THE PLOSITIONS	
(Name of Corporation	n as currently filed with the Florida Dept. of State
P21000037731	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
Timothy James Kostidakis P.A.	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u></u>
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered o	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
wer regime ou office reasons.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:
I hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position.
Signa	ture of New 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.

Example:

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	n <u>es</u>	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
2) Change		-		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				4.0
Remove				

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)		or adding addition onal sheets, if neces	ssary). (Be spe	cific)			
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(if not applicable, indicate N/A)	rovisions fo	or implementing t	<u>the amendment i</u>	if not contained i	n the amendmen	t itself:	
	(if not ap	oplicable, indicate	<i>N/A</i>)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(ne	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not made document's effective date on the Department of States.	neet the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the inco- action was not required.	orporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) roval.
	archolders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval
by	•
(voting)	group)
May 17, 2021 Dated	
Signature	<u> </u>
(By a director, presiden	t or other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court that fiduciary)
Timothy J Kost	idakis
(Тур	ped or printed name of person signing)
	nt / Pres.
(Titl	e of person signing)