## P21000064693

(Reque	stor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: NICHOLAS ALIX	, P.A.			
	BER: P21000064693				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	iter to the following:			
	NICHOLAS ALIX				
	<u> </u>	Name of Contact Person			
	NICHOLAS ALIX, P.A.				
		Firm/ Company			
	299 CARISBROOKE STREE	TE T			
		Address			
	OCOEE, FL 34761				
		City/ State and Zip Code			
	NICHOLASALIX@GMAIL.	.СОМ			
	E-mail address: (to be us	ed for future annual report	notification)		
	n concerning this matter, pleas		571.0155		
NICHOLAS ALIX		at (407	574-9455		
Name (	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, F1, 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NICHOLAS ALIX	, P.A.	
	BER: P21000064693		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	NICHOLAS ALIX		
	NICHOLAS ALIX, P.A.	Name of Contact Person	
	299 CARISBROOKE STREE	Firm/ Company	
	OCOEE, FL 34761	Address	
	-	City/ State and Zip Code	•
	NICHOLASALIX@GMAIL		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
NICHOLAS ALIX		at ( <u>407</u>	574-9455 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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



August 24, 2021

NICHOLAS ALIX 299 CARISBROOKE STREET OCOEE, FL 34761

SUBJECT: NICHOLAS ALIX, P.A. Ref. Number: P21000064693

We have received your document for NICHOLAS ALIX, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 821A00020230

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

NICHOLAS ALIX, P.A.

(Name	of Corporation as currently	filed with the Florida Do	ept. of State)	
P21000064693				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	l" or the abbreviation	"Corp., "
B. Enter new principal office address, (Principal office address MUST BE A S			<u>-</u>	<del></del>
			<del></del>	<u>- 87</u> - 71
C. Enter new mailing address, if appl				ند. <del>زیا</del> اس. ا
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		<del>-</del>	 
				4: 04
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office addr w registered office address:	ess in Florida, enter the n	ame of the	+
Name of New Registered Agent	VICTORIA ZINN			
, same of the same and the same	140 S. BEACH STREET	suit #404		
	(Florida stre	ret address)		
New Registered Office Address:	DAYTONA		, Florida	
		(City)	(Zip Co	ode)
New Registered Agent's Signature, if of I hereby accept the appointment as regis.	hanging Registered Agent: tered agent. Lam familiar w	ith and accept the obligati	ons of the position.	
		egistered Agent, if changing		
Charle if a marking by		·		
Check if applicable  ☐ The amendment(s) is/are being filed p	oursuant 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	<u>PT</u>	John De	<u>)e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
<del></del>	
neavisions for implementing the ane	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	AND THE CONTAINED IN THE AMERICAN CONTRACTOR

The date of each amendment(s) adoption:	·	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this block doo document's effective date on the Departmen		requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		ast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vo	y the shareholders through voting groups, ting group entitled to vote separately on t	The following statement he amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for app	roval
by	(voting group)	
	(voting group)	
Dated	121	
Signature A	in a	<u>&gt;</u>
selected, by an	president or other officer – if directors or of incorporator – if in the hands of a received iary by that fiduciary)	
	Icholas Alix (Typed or printed name of person sign	ing)
	Tesident (Title of person signing)	
	(Title of person signing)	