P21000076088

| (Requestor's Name) |
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| (Document Number) |
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2022 JAN 18 PN 2: 13

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FEB 0 1 LOVE I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: JAMES O'BRIEN | P.A. | | | |
|-------------------------------|--|--|--|--|--|
| DOCUMENT NUMBER: P21000076088 | | | | | |
| | of Amendment and fee are su | ibmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | atter to the following: | | | |
| 1 | ROBERT SHINDLER | | | | |
| - | | Name of Contact Person | n | | |
| 1 | ROBERT M SHINDLER CPA, P.A. | | | | |
| - | Firm/ Company | | | | |
| | 2429 MANATEE AVE E UNIT #2 | | | | |
| - | Address | | | | |
| 1 | BRADENTON, FL 34208 | | | | |
| - | | City/ State and Zip Cod | e | | |
| Chi | dlarManus aam | | | | |
| 5nin | dler24@msn.com | / <u> </u> | | | |
| | E-mail address: (| (to be used for future annua | report notification) | | |
| For further information | concerning this matter, plea | se call: | | | |
| Robert Shindler | | at (<u>941</u> | . 747-6100 | | |
| Name o | f Contact Person | at (at (|) de & Daytime Telephone Number | | |
| | · Common Common | 71100 | de de trajamie rensprione ramber | | |
| Enclosed is a check for | 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) | | |
| Mailing Address: | | Street Address: | | | |
| Amendment Section | | Amendment Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303



RECEIVED

2022 JAN 18 AM 8: 03

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY CONTAINED TAIL ARRASSEE, FL

December 22, 2021

ROBERT SHINDLER 2499 MANATEE AVE E UNIT #2 BRADENTON, FL 34208

SUBJECT: JAMES O'BRIEN, P.A. Ref. Number: P21000076088

We have received your document for JAMES O'BRIEN, 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):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

THE FORM SUBMITTED IS FOR BENEFIT AND SOCIAL PURPOSE.

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 III

Letter Number: 221A00030972



2021 070 00 04 12: 50

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2021

ROBERT SHINDLER 2429 MANATEE AVE E UNIT #2 BRADENTON, FL 34208

SUBJECT: JAMES O'BRIEN, P.A. Ref. Number: P21000076088

We have received your document for JAMES O'BRIEN, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The form submitted is for Benefit and Social purpose.

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 III

Letter Number: 321A00029595

12/14/21

Please set corrected forms
Thank you!

Articles of Amendment to Articles of Incorporation of

| James O'Brien P.A. | | |
|---|--|-----------------------|
| P2 10000 760 88 | y filed with the Florida Dept. of State) | |
| | | |
| (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>t</i> its Articles of Incorporation: | Florida Profit Corporation adopts the following amendr | nent(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| | The ne | eu. |
| name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or the abbreviation "Corp. professional corporation name must contain the wo | ," rd |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | - |
| · · · · · · · · · · · · · · · · · · · | - <u> </u> | - |
| | | |
| C. F | ATA N | ۔ الحجمہ اجازمہ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | .) . /**** |
| | SO P | |
| | | , O |
| | | • |
| D. If amending the registered agent and/or registered office addr | ess in Florida, enter the name of the | |
| new registered agent and/or the new registered office address: | | |
| Name of New Registered Agent | | |
| | | |
| (Florida stre | vet address) | |
| | Madd | |
| New Registered Office Address: | (City) , Florida (Zip Code) | - |
| | | |
| | | |
| New Registered Agent's Signature, if changing Registered Agent: | to the state of the section | |
| I hereby accept the appointment as registered agent. I am familiar w | Hin and accept the obligations of the position. | |
| | | |
| | | |
| Signature of New Re | egistered 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)

Example:

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> | <u>John Do</u> | <u>e</u> | |
|-------------------------------|--------------|----------------|--------------|-----------------|
| X Remove | <u>Y</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | n <u>ith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <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 | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| The purpose listed should be Real Estate Agent and not physician Previous purpose was incorrect |
| and not physician Mevius pullose was incorrect |
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| F. If 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) |
| |
| |
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| |

| The date of each amendment(s) add | pption: | , if other than the |
|--|---|--------------------------------|
| date this document was signed. | | |
| Effective date if applicable: | | <u></u> |
| | (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 partment of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adoptaction was not required. | sted by the incorporators, or board of directors without shareholder a | ction and shareholder |
| The amendment(s) was/were adop by the shareholders was/were suff | oted by the shareholders. The number of votes cast for the amendme ficient for approval. | nt(s) |
| | oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s): | rment |
| "The number of votes east for | or the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| Dated | 4/21) | |
| selected, | ector prosident or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cod tructary by that fiduciary) | |
| - | (Typed or printed name of person signing) | |
| _ | President | |
| | (Title of person signing) | |