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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: Michael W. Hennig	an MD PA			
DOCUMENT NU	MBER:				
	des of Amendment and fee are sul	omitted for filing.			
Please return all co	orrespondence concerning this made	ter to the following:			
	Hope Henniugan				
	Name of Contact Person				
	Michael W. Hennigan MD PA				
	Firm/ Company				
	1847 Florida Avenue				
		Address			
	Panama City, FL 32405				
	City/ State and Zip Code				
hopehennigan@icloud.com					
	E-mail address: (to be us	ed for future annual report	notification)		
For further inform	ation concerning this matter, pleas	se cali:			
Hope Hennigan		at (850	814-5016		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		•
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:		٠.
\$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)	<u> </u>	10
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as currentl	y filed with the Florida Dep	t. of State)	-
p97000023972				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cochartered," "professional association,"	"orp," "Inc," or "Co"	1 professional corporation i	or the abbreviation ame must contain	on "Corp"
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S				
C. Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)			
				·
		in Florido, onton the no	ma of the	21
D. If amending the registered agent an new registered agent and/or the new	v registered office address	<u>:</u>	me or the	<u> </u>
Name of New Registered Agent	Macie Marie Deese			
Name of New Registered Agent	1847 Florida Avenue			· ; 5
		reet address)		-
	Panama City, FL		32405	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	(City)	_, Florida <u>'' ''''</u> <i>(Zip G</i>	Code)
New Registered Agent's Signature, if c Thereby accept the appointment as regist	hanging Registered Agent	: with and account the obligation	are at the nocition	
I hereby accept the appointment as regist	erea agent. A am jaminar	with and accept the obligatio	ns of the position.	
X Ma	where		_	_
/\ \ '	Signature of New R	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)

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change	т	Macie Marie Deese	1847 Florida Avenue
x Add			Panama City, FL 32405
Remove			
2) Change			
Add			
Remove Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
Simply adding another agent as Treasurer, Macie Marie Deese. All other registered agents remain unchanged.		_
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	1.	0
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
N/A		
	-	_
		_
		_
		_
		_
		_

	ption:	, if other than the
date this document was signed.		
Effective date if 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	ick does not meet the applicable statutory filing requirements, this date wartment of State's records.	fill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	•
by	(voting group)	
	(touring group)	
11/1/2023 Dated	linelate Nau Nauisa	ansa May
(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 of fiduciary by that fiduciary)	
	Elizabeth Hope Hennigan	. C
-	(Typed or printed name of person signing)	
,	Vice President	
-	(Title of person signing)	