## P980000 17232

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DR. SEA	IN CLAFFEE AND ASSOCIATES, U.D., P. A.	
DOCUMENT NUMBER: Pq	80000 17232	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	TC CLAFFIE Name of Contact Person	
DR. CLAY	PIEW Company	
11942 WAN	10S WORTH OR Address	
- <del></del>	TRANCA & 3716U6 City/ State and Zip Code	
E-mail address: (to b	e used for future annual report notification)	
or further information concerning this matter, p	olease call:	
KATE CLASS C. Name of Contact Person	at (S13) 966-6796 Area Code & Daytime Telephone Number	
inclosed is a check for the following amount ma	nde payable to the Florida Department of State:	
XI \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Status		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee	
Tullahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

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DR. SEAN CLAFFIE	AND ASSOCIATES, O.T	D. , P. A.	
(Name of Corporation	on as currently filed with the Florida E	Dept. of State)	
	18000017232		<del></del>
(Docun	nent Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i>	n adopts the following am	endment(s)
A. If amending name, enter the new name of the co	rporation:		
DR. CLAFFE AND name must be distinguishable and contain the word "ea" Inc.," or Co.," or the designation "Carp." "Inc.," chartered." "professional association," or the abbre	" or "Co". A professional corporation	The ed" or the abbrevianon "t n name must contain the	rew 'orp ;" • word
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	2020 JAN 21 SEGREDA SE TALIJANAS SE	<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered		name of the	
Name of New Registered Agent		<u> </u>	:
	(Florida street address)		
New Registered Office Address:		, Florida	<del>-</del> - <del>-</del> -
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered agent,	I am familiar with and accept the obligat	tions of the position	
Nione -	tture of New Registered Agent, if changing	<u> </u>	
1454	mine of the meaninest of the first of the standard	,,	

## Check if applicable

☆ The amendment(s) is/are being filed pursuant to s, 607,0120 (11) (e), F.S.

2 The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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: (FO = Chief Financial Officer | If an officer atrector 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: \(\sum_C\) Change	PT John	<u>Doe</u>	
X Remove	Y <u>Mik</u> t	<u>e Jones</u>	
$\underline{X}$ Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove 3.1 Change			
Add			· ····
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary)	(Be specific)
The state of the s	to the state of th
-··· ·	
-	
<del> </del>	
<ol> <li>If an amendment provides for an excl</li> </ol>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N A)	
11	
	· · · · · · · · · · · · · · · · · · ·
	+ <del></del>
<del></del>	

	otion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	eno more than 60 days after amendment file dater	
<b>Note:</b> If the date inserted in this block document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this entment of State's records.	date will not be fisted as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
I the amendment(s) was/were adopte     by the shareholders was/were suffice.	ed by the shareholders. The number of votes east for the amendment cient for approval.	n(s)
	ved by the shareholders through voting groups. The following states ch voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for	the amendment(s) was were sufficient for approval	
by	(voting group)	
	(voting group)	
Date 1 1413	2070	
Talled 1 1 1 1	2020	
manuture		
selected, b	ctor. <b>pr</b> ésident or other officer — if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other co-tiduciary by that tiduciary)	
ii)//		
	RATE CLARAGE	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)  V (Title of person signing)	