P98000 29531

(Requestor's Name)	
(Address)	700324
(Address)	, 0002
(City/State/Zip/Phone #)	
(Business Entity Name)	02/07/19(
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corpora	tions		
NAME OF CORPORA	IION:)ouslas	Finkel P.A.
DOCUMENT NUMBER	R:	1198	000029531
The enclosed Articles of .	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Do	45/195	Fin Kel
	Pr	Kame of Contact Per	Fin Kel and An We Specialists
	70	2 The V	Plalto
	Ven	Address // CP F/.	34285. ode
		•	At notification)
	oncerning this matter, pleas		
Douglas Rame of C	Fm Ke	at (Area	Code & Daytime Telephone Number
	e following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio	g Address ment Section n of Corporations ox 6327	Ame Div	et Address endment Section ision of Corporations ton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Article	es of Amendment
,	to
Articles	of Incorporation
Douglas F	In Kel P.A.
(Name of Gorporation as cu	rrently filed with the Florida Dept. of State)
	P980000 29531
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> adopts the following amendment(s) $\mathcal{G}(\mathcal{A})$
A. If amending name, enter the new name of the corporation	on:
Premier Foot a	and Antle Specialists, The new
name must be distinguishable and contain the word "corpo	noration," "company," or "Incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
The town and modified address if applicables	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	
). If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered a	Agent:
hereby accept the appointment as registered agent. I am fam	

Signature of New Registered Agent, if changing

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: XChange	<u>PT</u>	John De	<u>oe</u>	
X Remove	$\underline{\mathbf{Y}}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		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				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· - · · · ·	
	
-	
	
	
f an amendment provides for an exchange the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated2-4-2019 SignatureS/Tunle/.	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or frinted name of person signing)	
President	
(Title of person signing)	