

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



09/05/17--01005--016 \*\*35.00



nend

SEP - 6 2017 I ALBRITTON

•		
		•

.

,

## CAPITAL CONNECTION, INC.

\_

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

David A. MacKoul, M.D., P.A.

		Art of Inc. File
		LTD Partnership File
	]	Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
	ļ	Сеп. Сору
		Рного Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
		Fictitious Owner Search
		Vehicle Search
	·	Driving Record
		UCC 1 or 3 File
Time		UCC 11 Search
TIME	·	UCC 11 Retrieval
.Up		Courier

Name	Date	Tim
Walk-In	Will Pick Up	

- --- --- ----



Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

## A. If smending name, enter the new name of the corporation:

name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A profession	The nev r "incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if applies Principal office address <u>MUST BE A STREET (</u>	<u>zble:</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
) If an and incretion watches of a second state		
<ol> <li>If amending the registered agent and/or reginer new registered agent and/or the new registered agent and/or the new register</li> </ol>	ed of fice address:	er the name of the
Name of New Registered Agent		
		۴.
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature. If changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 affice 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. Exercise:

Example: X Change	PT John	Dçe	
X Reraove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Salty</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
i) Change	SD	AMBER C. LOYSON	206 SE 16TH PL.
XAdd			CAPE CORAL, FL 33990
Remove			
2) Change	<del></del>		
Add			·····
Remove			
3) Change	·	······································	
Add			
Remove			
4) Change		<u> </u>	
Aug			
Kenove			<u> </u>
5) Change			
Add			
Remove			
6) Change	.,		
Add			
Remove			

Page 2 of 4

	val sheets, if necessary).	(Be specific)			
		·····. <u> </u>			
		····		<u></u>	•
····					
····				***	
					·
If an amendmen	nt provides for an exch implementing the ame	nuge, reclassific	ation. or cancellat	on of issued share	<u>15.</u>
provention of the	licable, indicate N/A)	noncent in not co	intendicu tu tuc ame	noment itsen:	
(ff not appl					
(ff not appl					
(ff not appl					
(ff not appl					
(ff not appl					
(ff not appl					
(ff not appl					
(ff not appl					
(ff not appl					
(ff not appl					

•

. .

.

,

.

· .

.

Effective date if applicable:

(no more than 90 days after amendment file date)

\_\_\_\_\_ if other than the

Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

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.

Dated Signanze (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID A. MACKOUL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Page 4 of 4