P99000024805

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PICK-UP	☐ WAIT	MAIL			
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Amend Mane

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Fonvielle Lewis Foote & Messer, P.A. DOCUMENT NUMBER: P99000024805 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sandra Tate Name of Contact Person Fonvielle Lewis Messer & McConnaughhay Firm/ Company 3375-A Capital Circle NE Address Tallahassee, FL 32308 City/ State and Zip Code sandra@wrongfullyinjured.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sandra Tate at (850) 422-7773

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Fonvielle Lewis Foote & Messer, P.A.

(Name of Corporation P99000024805	as currently filed with the Florida Dept. of State)
	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor Fonvielle Lewis Messer & McConnaughhay, P.A.	
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	(ESSS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
	<u>- చ</u>
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signal	ure 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 <math>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>	<u>Addres</u> s
1) Change	<u>s</u>	John H. Foote	3375-A Capital Circle NE
Add			Tallahassee, FL 32308
X Remove			
2) X Change	S	Allen McConnaughhay	3375-A Capital Circle NE
Add			Tallahassee, FL 32308
Remove			
3) Change	D	Andrei Antohi	3375-A Capital Circle NE
X Add			Tallahassee, FL 32308
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	·
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and and an analysis and analysis and an analysi
provisions for implementing the amer (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the amei (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the amei (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

	December 31, 2016		
The date of each amendmen date this document was signed			, if other than the
date this document was signed	January 1, 2017		
Effective date if applicable:) days after amendment file date)	
	(no more than 90	days after amendment file date)	
	this block does not meet the application the Department of State's records.	able statutory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
	re adopted by the shareholders. The ere sufficient for approval.	number of votes cast for the amendment(s	3)
		ugh voting groups. The following statement of the separately on the amendment(s):	ent
"The number of vote	s cast for the amendment(s) was/were	e sufficient for approval	
by	(voting group)	.""	
,	(voting group)		
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors v	without shareholder action and shareholde	r
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators with	out shareholder action and shareholder	
Janua Dated	ary 20, 2017		
<u> </u>	100		
Signature _	p 16.		
		er – if directors or officers have not been	
	elected, by an incorporator – if in the ppointed fiduciary by that fiduciary)	hands of a receiver, trustee, or other cour	τ
-			
	Allen McConnaughhay		
	(Typed or printed n	ame of person signing)	
	Secretary		
	(Title o	f person signing)	