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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HAM	ILTON & BUTTNER, PROFESSIONAL ASSOCIATION
DOCUMENT NUMBER: P99000	0049016
The enclosed Articles of Amendment an	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
WILLIAM A. HAM	ILTON, III
	(Name of Contact Person)
WILLIAM A. HAM	ILTON, III , PA
	(Firm/ Company)
4729 HIGHWAY 1	7, SUITE 203
	(Address)
ORANGE PARK, FI	L 32003
	(City/ State and Zip Code)
For further information concerning this	matter, please call:
WILLIAM A. HAMILTON, III	at (904) 278-3888 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Stat	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

HAMILTON & BUTTNER, PROFESSIONAL ASSOCIATION (Name of Corporation as currently filed with the Florida Dept. of State)

P990000049016

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the	corporation:	
WILLIAM A. HAMILTON, III, P.A.		
The new name must be distinguishable and c "incorporated" or the abbreviation "Corp.," "Inc. "Co". A professional corporation name mu association," or the abbreviation "P.A."	.," or Co.," or the designation	on "Corp," "Inc," or
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:	ered office address in Florida,	SECRETATE OF STATE OF TAILLAHASSEE, FLORIDAe of the enter the name of the
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)

Signature of New Registered Agent, if changing

(Attach ad	ditional sheets, if necessary)		
<u>Title</u>	Name	Address	Type of Action
	 		🚨 Add
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			☐ Add
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	**		
		<u> </u>	
	nding or adding additional Art additional sheets, if necessary).		
(anach i	munional sheets, if hecessary).	(be specific)	

The date of each amendment(s) adoption: \-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Effective date if applicable: \(\frac{1-19-09}{(no more than 90 days after amendment file date)}\)
(no more than 90 days after amendment file date)
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 stateme 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 shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated JANUARY 19, 2009
Signature Ollow Observation (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)
(Typed or printed name of person signing)
PRESIDENT/DIRECTOR
(Title of person signing)