(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
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(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JUL 0 7 2017

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations	n 1.
SUBJECT: JOSC Name	e FRANCISCO, P.A. of Corporation
DOCUMENT NUMBER:	5 96011
The enclosed Amendment and fee are subm	itted for filing.
Please return all correspondence concerning	this matter to the following:
Name of Contact Person Tose Flancis Firm/Company Address Address Aignity/State and Zip Code ToseFpancisco C E-mail address: (to be used for future annual	DR Swite 230 33/25 JMFLAWYERS.COM:
For further information concerning this matt	ter, please call:
Name of Contact Person	at (305) 649-5060 Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$552.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Jose FRANCISCO, P.A. Name of Corporation
DOCUMENT NUMBER: S 960/
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jose FLANCISCO Name of Contact Person
and the same of th
Jose FRANCISCO, P.A. Firm/Company
Firm/Company Physical Physics (1997)
5757 Blue LAGOON DR Suite 230
Address NiANI, Flohida 33/25 City/State and Zip Code
City/State and Zip Code
JoseFRANCisco O JMFLAWYERS. LOM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) (49-5060 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address: Street Address:
Amendment Section Division of Corporations Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2017

JOSE FRANCISCO JOSE FRANCISCO, P.A. 5757 BLUE LAGOON DR., SUITE 230 MIAMI, FL 33125

SUBJECT: JOSE FRANCISCO, P.A.

Ref. Number: S96017

We have received your document for JOSE FRANCISCO, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Profit Corporation, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

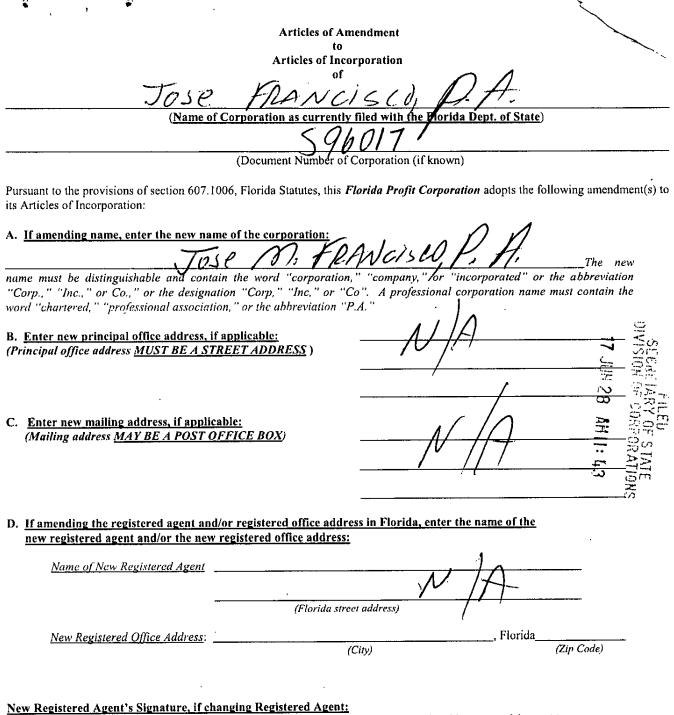
Letter Number: 117A00011763

TA JIN 28 PH I2: 42

OFFICE STATES

OFFICE STATES

OFFICE STATES



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 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: 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>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		,	
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove		•	
			
6) Change			
Add			
Remove			

E. If amending (Attach addi	g or adding ac	Iditional Articl	es, enter chang (Be specific)	e(s) here:			
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. If an amend	ment provide	s for an exchar	nge, reclassifica	tion, or car	rellation of is	sued shares	
<u>provisions</u>	<u>for implemen</u>	tin <u>g t</u> he amend	ment if not con	tained in th	ie amendmen	t itself:	
(if not a	applicable, ind	licate N/A)					
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The date of each amendment(s) ac	doption: 6/20/17	, if oth	ner than the
date this document was signed.	4/ /2/1-	·	
Effective date <u>if applicable</u> :	(no more tifan 90 days after	amendment file date)	_
Note: If the date inserted in this bedocument's effective date on the De		ry filing requirements, this date will not be I	isted as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of vifficient for approval.	votes east for the amendment(s)	
	proved by the shareholders through voting greach voting group entitled to vote separat		
"The number of votes cast	for the amendment(s) was/were sufficient to	for approval	
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shar	reholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without sharehol	lder action and shareholder	
Dated	6/20/17	M_	
Signature	Dort	train	
(By a d	lirector, president of other officer - if thec	tors or officers have not been	
selecte appoin	d, by an incorporator – if in the hands of a ted fiduciary by that fiduciary)	receiver, trustee, or other court	
	Tose F	RANCISCO	_
	(Typed proprinted name of pers	son signing)	
	(Title of person sig	M mina)	
	(i the of person sig	guing)	