V33648

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SECRETARY OF SIAH

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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

5

NAME OF CORPOR	ATION: DAVID S. ELDRI	EDGE, P.A.	
DOCUMENT NUMB			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DAVID S ELDREDGE		
		Name of Contact Person	on
-		Firm/ Company	
	21 OLD KINGS ROAD NOI	RTH, SUITE B-110	
- -	PALM COAST, FL 32137	Address	***************************************
-		City/ State and Zip Co	de
TERE	SA@DAVIDELDREDGEPA	A.COM	
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	concerning this matter, please	se call:	
MICHAEL R DAVIS		at (246-8002
Name o	f Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address	·	Address
	ndment Section ion of Corporations		dment Section
	Box 6327		on of Corporations n Building
	hassee, FL 32314		n Bunding Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DAVID S. ELDREDGE, P.A.	ADTE NOV DO AM O. C.
(Name of Corporation	n as currently filed with the Florida Dept. of State)
V33648	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corp	poration:
ELDREDGE AND DAVIS, P.A.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	PESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Regist	(Florida street address), Florida (City) (Zip Code)
Signati	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 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	MICHAEL R. DAVIS, ESQ.	21 OLD KINGS ROAD
X Add			SUITE B-110
Remove			PALM COAST, FL 32137
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).				
				
		4.74444		
				
			V - X - 100 ·	
				
			<u> </u>	<u> </u>
A CONTRACTOR OF THE CONTRACTOR		1		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificated in the contract of the contract if not contract of the	tion, or cancellation of tained in the amenda	of issued shares, nent itself:	
				, , , , , , , , , , , , , , , , , , ,
	erelien-hald (fi			

	adoption:	, if other than the
late this document was signed. 1. Effective date <u>if applicable</u> :	/1/2017	DEURETARY OF STATE DIVISION OF CORE GRATES
<u> </u>	(no more than 90 days after amendment file date)	2016 NOV 28 AM 8; 54
Note: If the date inserted in this locument's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s).	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and share adopted by the incorporators without shareholder action and sharehold	
NOVEN	4BER 22, 2016	
(By sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	DAVID S. ELDREDGE	
	(Typed or printed name of person signing)	
	PRESIDENT Jand Sollege	
	(Title of person signing)	