L21728

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #	¥)
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(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
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Amend Manel Jan 14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KENNETH W. McCoy, P.A.				
DOCUMENT NUMBER: 21728				
The enclosed Articles of A	<i>mendment</i> and fee are sub	omitted for filing.		
Please return all correspon	dence concerning this mat	ter to the following:		
	KENNE	The me	Coy	
		Name of Contact Person	. 2	
	KENN	Firm/ Company	nclay, P.A.	
			ر جرح برسید میر	
	15271 N.	W. LAAME, Address	54118 101	
	MIAMIL	AKES, F	2.33014	
		City/ State and Zip Code		
E-mail address: (to be used for future annual report notification)				
For further information co	nceming this matter, please	e call:		
KENNE)	h McCo	4 at (305	6 98-900/ de & Daytime Telephone Number	
Name of C	ontact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

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

to

Articles	of	Incorporation
		of

KENNETHIN	MCC	DIA.			
(Name of Corporation as currently file	d with the Flori	da Dept. of State)	,	_	
				_	
(Document Number of C	orporation (if kn	own)			
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corporation ad	opts the following	ng amendment(s) to
A. If amending name, enter the new name of the corp	poration;				
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "Inc," or "Co	"company," or "incorpor". A professional corpora	rated" or the a tion name must	The new abbreviation contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>PESS</u>)			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	- - - -			14 DEC 15 AH EX	CH CEST 187 OF ST
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent		in Florida, enter the nam	e of the	- (हिन्द्री जुला क
	(Florida street	address)			
New Registered Office Address:	(City)	, Florida_	(Zip Code)	_	
	, ,		. ,		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with	and accept the obligations	s of the position.		
Signature of New	Registered Age	nt, if changing			

KENNETH W. MCloy, P.A. L 21728

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:	, unu sun	i). Duttin'	37 us un Auu.	
X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	51	Ż	MAXEPINOVA	50,TE 701
Add			,	Suit 5701
Remove				MIAMI (AKES, FL. 330/4)
2) Change	5	_	KENNETH MC/M	15271 N.W. LOANT.
Add				SVITE 201
Remove				MIAMILAKES, FL. 330/7
3) Change		_		And of the last
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				
				-

KENHETH W. Mcloy, P.A.

	tets, if necessary). (Be specific)
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	M '
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an amendment pro	ovides for an exchange, reclassification, or cancellation of issued shares,
rovisions for imple	ementing the amendment if not contained in the amendment itself:
(у посаррисаы	le, indicate N/A)
	THE STATE OF THE S
	M A

The date of each amendment(s) adoption: \(\sqrt{\text{QNUMOUT}} \), \(\sqrt{\text{NUMOUT}} \), \(\sqrt{\text{QNUMOUT}} \), \(\sq	, if other than the
Effective date if applicable:	
(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 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)	
(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 Drawfork 11,2014	
Signature	
(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	_
(Title of person signing)	