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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Paula Knipp P.A.					
DOCUMENT NUM	BER: P22000006418					
	of Amendment and fee are sub	omitted for filing.				
Please return all corre	spondence concerning this mat	iter to the following:				
	Paula Knipp					
		Name of Contact Person				
	Paula Knipp P.A.					
	Firm/ Company					
	3369 Laurelwood Ct.					
	Address					
	Tarpon Springs, FL 34688					
	City/ State and Zip Code					
	PaułaJKnipp@gmaił.com					
		sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:at (	560-4407			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check t	or the following amount made	payable to the Florida Depa	irtment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

Paula Knipp P.A.	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P22000006418	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter now principal office address if applicable	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	:
	-1
D. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>.</u>
Name of New Registered Agent N/A	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New 1	Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			1.0
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
Article III: The purpose for which this corporation is organized is:		
Professional real estate services and professional research services.		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
N/A		

.

	2/7/24	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
2/7/2	4	
Effective date <u>if applicable</u> :	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east ficient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes east	or the amendment(s) was/were sufficient for approv	val
, Paula Knipp, Incorpora	tor	
by	(voting group)	<u> </u>
2/7/24		
Dated	Rlu Viso	
	rector, president or other officer - if directors or offi	icers have not been
	i, by an incorporator – if in the hands of a receiver, t ed fiduciary by that fiduciary)	rustee, or other court
	Paula Knipp	•
	(Typed or printed name of person signing	g)
	President	•

(Title of person signing)