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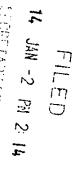
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Connie Beal PA				
DOCUMENT NUMBER:	P06000086556				
The enclosed Articles of Amends	nent and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:			
	Connie B	leal .			
		Name of Contact l	Person		
	Firm/ Company				
4918 Mineola Pl					
Address Palm Harbor FL 34684					
		City/ State and Zip	p Code		
	realtor@	conniejbeal.com			
E-ma	il address: (to be us	sed for future annual r	report n	otification)
For further information concerning	g this matter, pleas	se call:			
Connie Beal at (727) 420-0123				20-0123	
Name of Contact Person		Ar	rea Code	& Daytir	ne Telephone Number
Enclosed is a check for the follow	ving amount made j	payable to the Florida	a Depart	ment of S	tate:
	.75 Filing Fee & tificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certific Certific	Filing Fee sate of Status ed Copy onal Copy osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

Connie Beal PA			
(Name of Corporation as currently filed with the F	Jorida Dept. of State)		
P06000086556			
(Document Number of Corporation (i	f known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporati	ion adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
			The new
name must he distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	'Co". A professional co		bbreviation
B. Enter new principal office address, if applicable:	NA	***	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		# 4 () # 4 ()	7
		<u>) </u>	· <u>_</u>
C. Enter new mailing address, if applicable:		होते हिस्सी हे ते हैं है	N
(Mailing address MAY BE A POST OFFICE BOX)	NA	7	
		<u> </u>	$\dot{\wp}$
	• • • • • • • • • • • • • • • • • • • •		E -
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		e name of the	
Name of New Registered Agent Connie Beal			
(Florida str	reet address)		
New Registered Office Address:	. Flo	orida	
(City)		(Zip Code;	
New Registered Agent's Signature, if changing Registered Agent	-		
I hereby accept the appointment as registered agent. I am familiar	with and accept the oblig	ations of the position.	
Camies	rel		
Signature of New Registered A	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 <math>PTE.

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	PT	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	?	Connie Sachse	4918 Mineola Pl
Add Remove			Palm Harbor FL 34684
2) Change	P	Connie Beal	4918 Mineola Pl
Add			Palm Harbor FL 34684
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)					
NA					
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		· · · · · · · · · · · · · · · · · · ·			
·					
If an amendment provides for provisions for implementing	the amendment if not o				
NA					
···					
		· · ·			
V-2.4%	_		· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(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)	
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	
Signature (miles)	
(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)	
Connie Beal	
(Typed or printed name of person signing)	
President	
(Title of person signing)	