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COVER LETTER

TO: Amendment Section

	-
NAME OF CORPORATION: Stephanie Gates, P.A.	¥
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stephanie Coates Name of Contact Person	-
Firm/ Company	-
2767 Camden Road Address Clearwater, FL 33759	-
Clearwater, FL 33759	_
City/ State and Zip Code	-
Srcoates 1975 @ Yahoo. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stephanie Coates 111727, 916-0413	
Name of Contact Person Area Code & Daytime Telephone Number	г
Enclosed is a check for the following amount made payable to the Florida Department of State:	
■ S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

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Articles of Inco	rporation 👸 👯
	Coates, P.A.
	filed with the Florida Dept. of State)
P06000099	9051
(Document Number of t	
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation of the operation of the
B. Enter new principal office address, if applicable:	2767 Comden Road
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Clearwater, FL 33759
	,
C. D	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2767 Canden Road
	Clearwater FL 33759
	,
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Fiorida, enter the name of the
Name of New Registered Agent N A	
	Camden Road
(Florida stree	
New Registered Office Address: Clearwa	Aec , Florida 33759 (Zip Code)
(6	Ci(e) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
. / / x	
N/A	vistered Agent it 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>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 vorporation, 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

Evample: X Change	<u>1'T</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Pres	<u> </u>	2767 Conden Road Clear water FL 33750
Add	Colle		Clear water FL 33750
Remove			
2) Change			
Add			
Remove			-
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)	
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	NIA	.
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		·
f an amendment provides for an exc	hange, reclassification, or cancella	tion of issued shares.
provisions for implementing the am	endment if not contained in the am	endment itself:
(if not applicable, indicate N/A)		
	N/A	·
·		
		•

The date of each amendment(s) adoption: Nov. 27. 2011 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be fisted as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
☐ 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 Nov. 27, 2017	
Signature	
Stephonie Coates (Typed or printed name of person signing)	
President	
(Title of person signing)	