P08000110273

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And

R. WHITE SEP 07 2018 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAURA A. OLS	SON, P.A.
DOCUMENT NUMBER: P08000110273	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
LAURA A. OLSON	
	Name of Contact Person
LAURA A. OLSON, P.A.	
	Firm/ Company
200 N. PIERCE STREET,	4TH FLOOR
	Address
TAMPA, FLORIDA 3360	2
-	City/ State and Zip Code
SERVICE@LAURAOLSONLA	W.COM
	used for future annual report notification)
For further information concerning this matter, ple	ease call:
LAURA A. OLSON	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahasser, 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

FILED

LAURA A. OLSON, P.A.

2018 SEP -4 AM 9: 47

(Name of Corporation as currently filed with the Florida Dept. of State)-P08000110273 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) N/A New Registered Office Address: . Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. NIA Signature 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 Doe	
X Remove	<u>V</u>	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) Change	P	LAURA A. OLSON	200 N. PIERCE STREET
X Add	_		4TH FLOOR
Remove			TAMPA, FLORIDA 33602
2) Change	_	<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If ameno</u> (Attach <i>a</i>	ling or adding additional Arti dditional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
N/A		
	<u></u> -	
	<u> </u>	
	<u> </u>	
		<u> </u>
F. If an an	nendment provides for an exc.	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if	not applicable, indicate N/A)	<u></u>
N/A		
		
		
	<u> </u>	

The date of each amendment(s) date this document was signed.	doption:, if other than t
-	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were aby the shareholders was/were	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were a must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes ca	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 81	30/2018
Signature _	Land. Olm
selec	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	LAURA A. OLSON
	(Typed or printed name of person signing)
	OFFICER/DIRECTOR AND PRESIDENT
	(Title of person signing)