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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Katina Davis-Kennedy PA					
DOCUMENT NUMBER: P090000178	75				
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this r	natter to the following:				
Katina (Davis-Kennedy				
(Name of C	Contact Person)				
	Davis-Kennedy PA Company)				
(1.1111)	Company)				
	errary drive #102 ddress)				
	•				
	rhill, fl 33319 and Zip Code)				
For further information concerning this matter, ple	ease call:				
Katina Davis-Kennedy	at (954) _557-2142				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made	le payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 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

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SECRETARY OF STATE TALLAHASSEE. FLORID

Katina Davis-Kennedy PA

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000017875

(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:

Katina Davis-Kennedy, ARNP, P.A.	le and contain the word "corporation," "company,"	_
	p.," "Inc.," or Co.," or the designation "Corp," "Inc,"	
	name must contain the word "chartered," "professio	
sociation," or the abbreviation "P.A."		
	•	
Enter new principal office address, if	applicable: n/a	
rincipal office address <u>MUST BE A STR</u>	REET ADDRESS)	
		_
Enternam mailing address if anning	, hla	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
(Maning duaress MAT BE AT OST OF	TITCE BOX	
	•	
	or registered office address in Florida, enter the name o	 <u>f th</u>
. If amending the registered agent and/ new registered agent and/or the new i		 <u>f th</u>
new registered agent and/or the new i	registered office address:	f the
		f the
new registered agent and/or the new i	registered office address:	f the
new registered agent and/or the new i	registered office address:	f <u>th</u>
new registered agent and/or the new in Name of New Registered Agent:	registered office address: n/a	f the
new registered agent and/or the new in Name of New Registered Agent:	n/a (Florida street address) , Florida	
new registered agent and/or the new in Name of New Registered Agent:	n/a (Florida street address)	
Name of New Registered Agent: New Registered Office Address:	n/a (Florida street address) (City) (Zip Code	
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if cha	n/a (Florida street address) (City) (Zip Code	
new registered agent and/or the new in Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if challereby accept the appointment as registered.	n/a (Florida street address) (City) (Zip Code	
new registered agent and/or the new in Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if challereby accept the appointment as registered.	n/a (Florida street address) (City) (Zip Code	
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if cha	n/a (Florida street address) (City) (Zip Code	

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)

<u>Title</u>	Name	Address	Type of Action
	-N/A		Add Remove
			□ Add □ Remove
			□ Add □ Remove
	ding or adding additional Articles, ent additional sheets, if necessary). (Be spe		
	NA		
		,	
provisi	mendment provides for an exchange, roons for implementing the amendment not applicable, indicate N/A)		
	NA		
	·	·	

. •	The date of each amendment(s) adoption: Feb. 26, 2009
	Effective date if applicable: Feb 26, 2009
	(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)
K	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 (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)