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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Holmes Kurnik PA DOCUMENT NUMBER: P10000065599 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ian T. Holmes Name of Contact Person Holmes Fraser, P.A. Firm/ Company 711 5th Ave S, Suite 200 Address Naples FL 34102 City/ State and Zip Code iholmes@holmesfraser.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 228-7280
Area Code & Daytime Telephone Number Ian T. Holmes Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Holmes Kurnik, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P10000065599 (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: HOLMES FRASER, P.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: (Muiling 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) New Registered Office Address: 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.

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 Doc 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.

X Change	<u>PT</u>	John Doc				
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>	Address			
l) Change	[]	Kumik, Edward J II	711 5th Ave S			
Add			Suite 200			
X Remove			Naples FL 34102			
2) Change	D	Fraser, David P	711 5th Ave S			
X Add			Suite 200			
Remove			Naples FL 34102			
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
- -	
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	——————————————————————————————————————

The date of each amendment	(s) adoption:	12/29	(17		, if other than the
late this document was signed					
Effective date <u>if applicable</u> :					
		(no more than 90	0 days after amendment file	date)	
Note: If the date inserted in document's effective date on t			able statutory filing require	ements, this date will no	ot be listed as the
Adoption of Amendment(s)	(<u>CHF</u>	ECK ONE)			
The amendment(s) was/we by the shareholders was/w			number of votes east for th	e amendment(s)	
☐ The amendment(s) was/we must be separately provide			ough voting groups. The fol wote separately on the amer		
"The number of vote:	s cast for the amend	lment(s) was/wer	e sufficient for approval		
by			<u> </u>		
	(voti)	ng group)			
☐ The amendment(s) was/we action was not required.	re adopted by the b	oard of directors	without shareholder action	and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the ir	ncorporators with	out shareholder action and	shareholder	
Dated	12/29/17				
Signature	By a director, presid	lent or other offic	cer-if directors or officers	have not been	
So		porator – if in the	e hands of a receiver, truste		
		192	Hormas name of person signing)		
	(T	Typed or printed i	name of person signing)		
		Die	& PROSIDUNT		
		(Title o	of person signing)		