

DI100003298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

Special Instructions to Filing Officer:

A new document has been mailed to DOS.  
This validation will be applied towards  
this Articles of Amendment that  
was recently mailed. Spoke with  
Pam on 12/12/2018

SR

Office Use Only



500320082575 ✓

10/26/18--01018--017 \*\*43.75

S TALLENT

DEC 19 2018

18 DEC 17 PM 1:07

FILED

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2018

KERRIANN OPP  
KERICURE INC.  
26620 EAST STREET  
WESLEY CHAPEL, FL 33544

SUBJECT: KERICURE INC.  
Ref. Number: P11000003298

We have received your document for KERICURE INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

YOU HAVE SUBMITTED TWO (2) SEPERATE AMENDMENTS. THE FEE TO FILE AN AMENDMENT IS \$35.00 FOR EACH ONE.

*We did not intentionally send 2 seperate amendments. We are just trying to update Officers/Directors. Our check for 43.75 was cash on 11/31*  
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 918A00022667

RECEIVED

2018 DEC 17 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: KeriCure Incorporated

DOCUMENT NUMBER: P11000003298

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kerriann Opp  
Name of Contact Person  
KeriCure Incorporate  
Firm/ Company  
26620 Easy Street  
Address  
Wesley Chapel, FL 33544  
City/ State and Zip Code  
sales@KeriCure.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerriann Opp at ( 813 ) 391-7722  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee  
☒ \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

check #668 cashed  
\$43.75 11/3/18

**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  
of

KeriCure Inc.

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

PI1000003298

(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

*The new 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)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida  
(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 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 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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>Edward Turos</u>	<u>1543 Distant Oaks Drive</u>
<input type="checkbox"/> Add			<u>Wesley Chapel, FL 33545</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Daniel McLain</u>	<u>7565 Heather Knoll Lane</u>
<input type="checkbox"/> Add			<u>Verona, WI 53593</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Robert Greenhalgh</u>	<u>18135 Longwater Run Dr</u>
<input checked="" type="checkbox"/> Add			<u>Tampa, FL 33647</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>T</u>	<u>Pamela Sovine</u>	<u>26501 C C Lane</u>
<input checked="" type="checkbox"/> Add			<u>Wesley Chapel, FL 33544</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

Page 3 of 4

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 12/3/18  
(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 not be listed as the document's effective date on the Department of State's records.

**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.

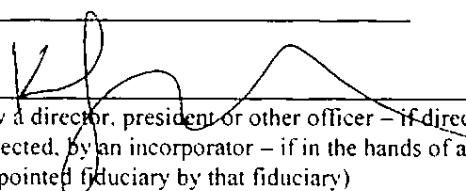
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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 12/12/18

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)

Kerriann Opp

\_\_\_\_\_  
(Typed or printed name of person signing)

President & CEO

\_\_\_\_\_  
(Title of person signing)