

P11000023798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

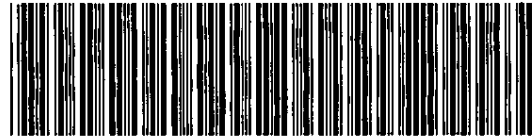
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2014

KATIE SMITH SYLVIA  
(I.A. 2ATTMPT)  
KATIE ELIZABETH SMITH PA  
2608 1ST ST  
FORT MYERS, FL 33916

SUBJECT: KATIE ELIZABETH SMITH PA  
Ref. Number: P11000023798

We have received your document for KATIE ELIZABETH SMITH PA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 914A00021839

RECEIVED  
14 NOV - 6 PM 4: 56  
DIVISION OF CORPORATIONS  
FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2014

KATIE SMITH SYLVIA  
KATIE ELIZABETH SMITH PA  
2601 1ST ST  
FORT MYERS, FL 33916

SUBJECT: KATIE ELIZABETH SMITH PA  
Ref. Number: P11000023798

We have received your document for KATIE ELIZABETH SMITH PA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Irene Albritton  
Regulatory Specialist II

Letter Number: 914A00021839

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Katie Elizabeth Smith PA  
DOCUMENT NUMBER: P11000023798

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

Please return all correspondence concerning this matter to the following:

Katie Smith Sylvia  
Name of Contact Person  
Katie Smith Sylvia PA  
Firm/ Company  
2608 1<sup>st</sup> ST  
Address  
Fort Myers FL 33916  
City/ State and Zip Code  
kcsmith@smithteamsealls.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Sylvia at ( 239 ) 789-5351  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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  
of

FILED

Katie Elizabeth Smith PA

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

74 NOV 6 AM 10:27

P11000023798

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Katie Smith Sylvia PA

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)

2608 15<sup>th</sup> ST

Fort Myers FL 33916

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

Katie Smith Sylvia

2608 15<sup>th</sup> ST Fort Myers FL 33916

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, 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.

Katie S. Sylvia

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                      PT      John Doe

X Remove                    V        Mike Jones

X Add                        SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- 1) ☒ Change  
☐ Add  
☐ Remove

P

Katie Elizabeth Smith  
Change to  
Katie Smith Sylvia PA

2608 1<sup>st</sup> ST  
Fort Myers FL  
33916

- 2) ☐ Change  
☐ Add  
☒ Remove

P

Katie Elizabeth Smith PA

2608 1<sup>st</sup> ST  
Fort Myers FL 33916

- 3) ☐ Change  
☐ Add  
☐ Remove

- 4) ☐ Change  
☐ Add  
☐ Remove

- 5) ☐ Change  
☐ Add  
☐ Remove

- 6) ☐ Change  
☐ Add  
☐ Remove

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

The date of each amendment(s) adoption: 10/31/14, if other than the date this document was signed:

Effective date if applicable: \_\_\_\_\_  
(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)

- ☐ 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: 10/31/14

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)

Katie Smith Sylvia PA  
(Typed or printed name of person signing)

President  
(Title of person signing)