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SEP 13 2017 S. YOUNG 17 SEP -5 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE, PLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WA O	a Joann Petersen, P.A.
li	00/03/93
DOCUMENT NUMBER: P 7/6/2	0.070.579.5
 The enclosed <i>Articles of Amendment</i> and fee are 	submitted for filing.
Please return all correspondence concerning this	natter to the following:
<u> Nanda</u>	Joann Pe Hersen  Name of Contact Person
	Name of Contact Person
_ Wanda	Name of Contact Person  To an Person, P.A.  Firm/ Company
1160 050	rey RI dae Way Address
	Address
Ponte V	edra Beach, FL 32082 City/ State and Zip Code
	City/ State and Zip Code
Wip 6452	a Comcast, net used for future annual report notification)
✓ K-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	ease call:
Wanda Petersen	at (904) 537.4594  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee Status  Certificate of Status	-
Certificate of Statu	(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

Wanda Joann P	eterson PA.		
(Name of Corpora	ation as currently filed with the Florida Dept. of Stat	<b>e</b> )	
P 11000 10	3/93		
(Doct	ument Number of Corporation (if known)	<del>.</del>	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the	following amenda	nent(s) to
A. If amending name, enter the new name of the	corporation:		
		_	
	T 4	The ne	
	ord "corporation," "company," or "incorporated" rp," "Inc," or "Co". A professional corporation nat the abbreviation "P.A."		
B. Enter new principal office address, if applicat	ble:		_
(Principal office address MUST BE A STREET AL	DDRESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E  D. If amending the registered agent and/or registered agent and/or the new registered  Name of New Registered Agent	tered office address in Florida, enter the name of the	187 SEP -5 PH SECRETARY OF S LALLBAHASSEE, FL	FILED
	FI :1		
New Registered Office Address:	, Florida (City)	(Zip Code)	-
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	. "	, ,	
	ignature of New Registered Agent, if changing		

Please note the officer/di P = President: V= Vice	rector titi			rustee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO	= Chief	Financial Offic	er. If an officer/director holds more t	than one title, list the first letter of each office
held. President, Treasure				north and the state of the W. Thomas
Changes should be noted	in the fo	ollowing manne	r. Currently John Doe is listed as the .	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove				should be holed as some Doe, I I as a change,
Example:		1		
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)	Title	<u>Nar</u>	   <u>ne</u> 	<u>Addres</u> s
1) Change	<u>5</u>		anda Petersen	116 Osprey Ridgeway
Add				Ponte vedra Beh
Remove				FL 32082
2) Change	_5		Tames Petersen	116 Ospry Ridgeway
Add				Ponte Vedra Bch,
Remove				FL 32082
3) Change				
Add				
Remove				
4) Change		<del></del>	<u> </u>	
Add				
Remove				
5) Change			1	
Add				
Remove				
6) Change				
Add				
Remove				

Page 2 of 4

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>If amending or adding additional Article</u>	s. enter change(s) here:
(Attach additional sheets, if necessary). (	Be specific)
	11
	1
If an amendment provides for an excha-	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend (if not applicable, indicate N/A)	Iment if not contained in the amendment itself:
(ij noi applicable, maicale wa)	
	<u> </u>
•	
	<u> </u>
	1)

The date of each amendment(s) adoption: 9/1/201 date this document was signed.	if other than the
Effective date if applicable: 9/1/2017	o more than 90 days after amendment file date)
	neet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECI	K ONE)
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximation	reholders. The number of votes east for the amendment(s) oval.
	areholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	
by(voting	eroun)
	rd of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder
9/1/2017 Dated	
Signature Wandal	Peterson
	nt or other officer - if directors or officers have not been orator - if in the hands of a receiver, trustee, or other court that fiduciary)
Wanda Joann P	Petersen
——— <u>!</u> (Ţ <mark>y</mark> y	ped or printed name of person signing)
Pre	(Title of person signing)
	(1.115 5.1 p.115.11 5. <b>g</b> .111. <b>g</b> .)