P12000095338

(Re	questor's Name)			
(Ad	idress)			
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(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	KennethMScott P.:	A.		
DOCUMENT NUMBER: PI				
The enclosed Articles of Amen	<i>dment</i> and fee are su	bmitted for filing.		
Please return all correspondenc	e concerning this ma	tter to the following:		
Kenneth	M Scott			
	Name of Contact Person			
	-	Firm/ Company		
5004 E I	Fowler #213			
Address				
Tampa,	FL 33617			
		City/ State and Zip Code	2	
kscott@kenns	cottepa.com			
E-n	nail address: (to be us	sed for future annual report	notification)	
For further information concert	ning this matter, pleas	se call:		
Kenneth M Scott		813	297-8272	
Name of Contac	rt Person	Area Code & Daytime Telephone N		
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	irtment of State:	
	43.75 Filing Fee & ertificate 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)	
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

KennethMScott, P.A.		
(Name of Corporation as curre	ntly filed with the Florida Dept	t. of State)
P12000095338		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Kenneth M Scott P.A. [to add space before amd after middle in	itial "M"]	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviatio	r "Co". A professional corpor	orated" or the abbreviation ution name must contain the
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		. 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	(S)
		12:
		
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr		ne of the
Name of New Registered Agent N/A		
		
(Florida	street address)	
V 0 1 1000 111 11		. Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		s of the position.
Signature of Nev	w 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, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officehold. President, Treasurer, Director would be <math>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: XChange	PT	John Doe	
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
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. <u>If amending or a</u> (Attach additional	adding additional Art al sheets, if necessary).	icles, enter change(s (Be specific)	<u>) here</u> :		
N/A					
		·			
	· · ·				
					 -
	·		-		
F. If an amendment provisions for	it provides for an excl implementing the amo	hange, reclassification andment if not conta	on, or cancellation of ined in the amendme	issued shares, ent itself:	
(if not appl	icable, indicate N/A)				
N/A			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
~ .					
				·· ·	
	<u> </u>				

The date of each amendment		, if other than th
date this document was signed.		
Effective date if applicable:	N/A	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this dat ne Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	11
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
	23, 2019	
Dated	0/12/1018	
Signature	MOMW)	
	ya director, president or other officer - if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Kenneth M Scott	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	