P13000014179

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SICKETARY OF STATE DIVISION OF CORPORATION

C. LEVIS

JUL 2 2 2014

EXAMINER

COVER LETTER

Division of Corporation	ns						
NAME OF CORPORATION	_{on:} Cathy Co	nnolly, PA					
DOCUMENT NUMBER:	P100 T	?130000141	79				
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	Cathy Co	Name of Contact Person	1				
Cathy Connolly Name of Connolly Firm/ Company							
	746 Anna						
Royal Palm Brach Fr 33411 City/ State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Cathy Co	nnolly ntact Person	at (570) Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee	3\$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)				
Mailing A	Address	Street	Address				

TO: Amendment Section

Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



14 JUL -7 PM 3: 47

Cathy Connolly, PA
(Name of Corporation as currently filed with the Florida Dept. of State)
P13000014179
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Catherne Connolly, 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)
C. Enter new mailing address, if applicable: (Mailing 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:, 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.
Simulations of New Positioned Agent if abouting

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	<u>PT</u>	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			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
			-
Remove			

Attach	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)
-	
	· · · · · · · · · · · · · · · · · · ·
	-
If an ar	endment provides for an exchange, reclassification, or cancellation of issued shares,
provis	ons for implementing the amendment if not contained in the amendment itself:
(y	not applicable, indicate N/A)
	

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	SECRETARY DIVISION OF C 14 JUL -7	OF STATE DRPORATIONS	, if other than the
	han 90 days after amendm	ent file date)	_
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes cas	t for the amendment(s)	
The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	ed to vote separately on th	e amendment(s):	
"The number of votes cast for the amendment(s) wa	s/were sufficient for appro	oval	
by		····	
The amendment(s) was/were adopted by the board of dire action was not required. The amendment(s) was/were adopted by the incorporators			
action was not required.			
Signature (By a director, president or other selected, by an incorporator – if appointed fiduciary by that fiduciary	in the hands of a receiver		
Cathy	Connolly dor printed name of perso		
(Type	d or printed name of perso	n signing)	
Inc	orporator		
	(Title of person signing)		