## P13000046259

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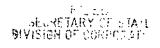
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Wanda Sowers Qu	nillinan, P.A.	
DOCUMENT NUME	BER: P13000046259		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Wanda Sowers		
		Name of Contact Person	n .
	Wanda Sowers, P.A.		
		Firm/ Company	
	1566 Curlew Avenue		
		Address	
	Naples, FL 34102		
		City/ State and Zip Cod	<u> </u>
wand	a@wandaq.com		
		sed for future annual report	notification)
	2 man address (to be a	sou for factor annual report	noune and in
For further information	concerning this matter, pleas	se call:	
Wanda Sowers		at ( 239	290-5042
Name o	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2017 JAN 23 PM 12: 35

Wanda Sowers Quillinan, P.A.		
( <u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)
P13000046259		
· · · · · · · · · · · · · · · · · · ·	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:	
Wanda Sowers, P.A.		The new
	nation "Corp," "Inc," or '	n," "company," or "incorporated" or the abbreviation 'Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	1566 Curlew Avenue
(Principal office address <u>MUST BE A S</u>		Naples, FL 34102
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		
D. If amending the registered agent an		
new registered agent and/or the new		<u> </u>
Name of New Registered Agent	Wanda Sowers	
	1566 Curlew Avenue	
	(Florida str	reet address)
New Registered Office Address:	Naples	, Florida 34102
		(City) (Zip Code)
New Registered Agent's Signature, if c		<u>:</u> with and accept the obligations of the position.
		2
		<i></i>
1/4	Half Digo	wero
	Signature of New I	Registered Agent, if changing
	Signature of New F	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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PST	Wanda Sowers	1566 Curlew Avenue
Add			Naples, FL 34102
Remove			
2) Change			·
Add			<del></del>
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
O C!			
6) Change		<u> </u>	
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
	···	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s)	adoption:	SCURE TARY OF GRAPES APPROXIMATION
date this document was signed.		MIVISION OF CORPORATION
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del>2017 JAN 23 P</del> M 12: 35
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, th Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareh	nolder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholde	भ
Dated	1-18-17	
0'	Mulhower	
Signature (By:	director, president or other officer – if directors or officers have not b	een .
• •	sted, by an incorporator – if in the hands of a receiver, trustee, or other	
	inted fiduciary by that fiduciary)	
	Wanda Sowers	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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