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## COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations				() A
NAME OF CORPORATION:	<u>Cretine</u> P13000	rine Bauge	Trancordan	ea, F.A.
DOCUMENT NUMBER:	PIDUCE	0/1///		
The enclosed Articles of Amend	ment and fee are sub	mitted for filing.		
Please return all correspondence	concerning this matt	er to the following:		
	Cast Ca 141 Lake	Name of Contact Person  HYPLY A  Firm/ Company  MOYNEN  Address  City/ State and Zip Code	ager, PA. J. Gleony Dn	LY
		ouse Sole No	ame egmail	.con1
For further information concern	ning this matter, pleas	se call:		
Catherine A	ZZZYPI ct Person		104.3902 le & Daytime Telephone Number	
Enclosed is a check for the following	owing amount made	payable to the Florida Depa	rtment of State:	\$50° cm
□ \$35 Filing Fee □\$	643.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	Mercaning Legitics
Mailing Ad	<u>dress</u>	Street	Address	

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

Articles of Incorporation (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)

its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:  Catherine Bay	er, PA. The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation"	Co . A projessional corporation name mass committee
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	141 Morning Glory Drive Rate Mary Fa 32746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	141 Homing Glory Drive Lake Hary, Fz 32746
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent Catherine	e Bayer
141 Mi Florida str	reet address) ( ) ( )
New Registered Office Address: Lake Ma	Florida 72.74

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.

ered Agent, if changing (Nix Me Change)

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: <u>X</u> Change	<u>PT</u>	John Doe	1 1	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	100	
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	· <del></del> **			
Add				
Remove				
2) Change				<del></del>
Add			**************************************	
Remove				
3) Change				
Add				·
Remove				
4) Change				
Add				
Kemove				·
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional (Attach additional sheets, if necessar	ry). (Be specific)	11/	
		N/F	
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		NA	
If an amendment provides for an o	exchange, reclassification,	or cancellation of issued shares.	
orovisions for implementing the a (if not applicable, indicate N/A)	4)	d if the amendment risen:	
		<del></del>	
			<del></del>

he dute of each amendment(s) adoption:	_, if other than
ate this document was signed.	
ffective dute if applicable:  (no more than 90 days after amendment file date)	
·	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ocument's effective date on the Department of State's records.	not be listed as
doption of Amendment(s) ( <u>CHECK ONE</u> )	
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 July 9, 2019	
Signature President	<del></del>
(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)	
Catherine Bayer	
(Typed or printed name of person signing)	
- President	
(Title of person signing)	