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COVER LETTER

Division of Corporations NAME OF CORPORATION: Katic A, Edwards, P.A. DOCUMENT NUMBER: P13000097992 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Katie A. Edwards-Walpole Name of Contact Person Saul Ewing Arnstein & Lehr LLP Firm/ Company 200 E. Las Olas Blvd., Suite 1000 Address Ft. Lauderdale, FL 33301 City/ State and Zip Code katie.edwards@saul.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 713-7650

Area Code & Daytime Telephone Number Katie A. Edwards-Walpole Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 Street Address

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

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

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

Katie A. Edwards, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P13000097992 (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) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Katie Edwards-Walpole, P.A. 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." 300 NW 5 Street, Suite 310 B. Enter new principal office address, if applicable: (Principal office address MUST_BE A STREET ADDRESS) Okeechobee, FL 34972 C. Enter new mailing address, if applicable: 300 NW 5 Street, Suite 310 (Mailing address MAY BE A POST OFFICE BOX) Okeechobee, FL 34972 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: Katie A. Edwards-Walpole f/k/a Kathleen Edwards Name of New Registered Agent 300 NW 5 Street, Suite 310 (Florida street address) Okeechobee New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Katie A. Edwards-Walpole, Esq.	300 NW 5 Street, Suite 310
Add			Okeechobee, FL 34972
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor appreniate, material 1891)	

	November 2, 2018	
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	fill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
November Dated Signature	2.2018 Lasher	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Katie A. Edwards-Walpole	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	