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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: KATHRYN A D	AVIS PA			
DOCUMENT NUMBE	R:P14000002645				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this mat	iter to the following:			
	PHILIP J DAVIS				
_	Name of Contact Person				
	KATHRYN A DAVIS PA	L.			
		Firm/ Company			
	15114 SOUTHFORK DR	IVE			
<u></u>	Address				
	TAMPA, FLORIDA 33	624			
_		City/ State and Zip Code			
	PHILDAVIS813@GMAI	L.COM AND KATEDAVIS	KW@GMAIL.COM		
	E-mail address: (to be us	ed for future annual report r	otification)		
For further information of	concerning this matter, pleas	e call:			
PHILIP DAVIS		at (464-9957		
Name of Contact Person		Area Cod	e & Daytime Telephone Number		
Enclosed is a check for t	he following amount made p	payable to the Florida Depar	tment of State:		
☐ S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street A			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
	Sox 6327		Building		
Tallahassee, FL 32314			tecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

KATHRYN A DAVIS PA

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000002645

(Docun	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation ado	pts the following amendmen
A. If amending name, enter the new name of the co	orporation:	
	NOT APPLICABLE	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professional corporation	ited" or the abbreviation
B. Enter new principal office address, if applicable		<u> </u>
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS)	かだ。 のだ。「
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	0.500 0.510
		,
D. If amending the registered agent and/or register new registered agent and/or the new registered		of the
new registered agent and/or the new registered	NOT APPLICABLE	
Name of New Registered Agent	NOT APPLICABLE	
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	victored Agents	
I hereby accept the appointment as registered agent.		of the position.
		
C!	enting of New Domintound Amoust if all minimum	

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 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	
I) X Change	V	KATHRYN A DAVIS	15114 SOUTHFORK DRIVE	
Add			TAMPA FLORIDA 33624	
Remove				
2) X Change	P	PHILIP J. DAVIS	15114 SOUTHFORK DRIVE	
Add			TAMPA FLORIDA 33624	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	m a		· · · · · · · · · · · · · · · · · · ·	
Add			* III	
Remove				

(Attach additional sheets, if necessary).	(Be specific)
	NOT APPLICABLE
<u> </u>	
10.000	
If an amandment provides for an evolu-	ango raglassification or consultation of issued shares
If an amendment provides for an exchange of the amendment provisions for implementing the amendment in the a	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: NOT APPLICABLE
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(if not applicable, indicate N/A)	idment if not contained in the amendment itself:

	adoption:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no mor	re than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I		he applicable statutory filing requirements, cords.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ON</u>	NE)	
☐ The amendment(s) was/were a by the shareholders was/were		ders. The number of votes east for the amen	dment(s)
		lders through voting groups. The following atitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s)	was/were sufficient for approval	
by			
•	(voting group	9)	
action was not required.		directors without shareholder action and sha	
action was not required.			
Dated	7/5/2016	5	
Signature			
selec		other officer – if directors or officers have no – if in the hands of a receiver, trustee, or other iduciary)	
	KATIIRYN A DAV	VIS .	
	(Typed or	r printed name of person signing)	
	VICE PRESIDENT	Kashreen A. Do	UK 7-5-2016
	_	(Title of person signing)	