P14000053460

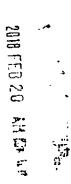
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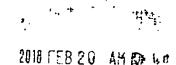
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COVER LETTER

'TO: Amendment Section Division of Corporations 2018 FE3 20 AM Em Em

NAME OF CORPOR	ATION: Kathy Malone PA		
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Robert R Bryant, CPA		
,		Name of Contact Perso	n
	Robert R. Bryant, CPA, PLLC	2	
		Firm/ Company	
	10941 SE US Hwy 441		
,	· · · · · · · · · · · · · · · · · · ·	Address	
	Belleview FL 34420		
•		City/ State and Zip Cod	le
Bob@	BoatmanBryant.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas		347-4424
	of Contact Person	at (Area Co) 347-4424 ode & Daytime Telephone Number
	r the following amount made		
S35 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 Divi P.O.	ting Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amen Divisi Cliftor 2661 I	Address dment Section on of Corporations n Building Executive Center Circle cassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Kathy Malone PA (Name of Corporation as currently filed with the Florida Dept. of State) P14000053460 (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: Kathy Carpenter PA 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby 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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change				-	
Add					· · · · · · · · · · · · · · · · · · ·
Remove					
2) Change		_		-	
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change				-	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change				•	
Add					
Remove					

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
	
<u></u>	
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If an amendment provides for an exchaprovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a	loption:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	plock does not meet the applicable statutory filing requirements, this department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(ifficient for approval.	s)
☐ The amendment(s) was/were appured to must be separately provided for	proved by the shareholders through voting groups. The following statements each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
02/09/2018	8	
DatedSignature	the Carporter	
(By a c	lirector, 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 counted fiduciary by that fiduciary)	
	Kathy Carpenter	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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