P150000 21414

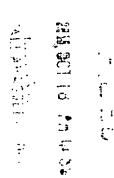
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COVER LETTER

TO: Amendment Section

Division of Corporati	ons		
NAME OF CORPORAT	ION: May-Wong Chou,	P.A.	
DOCUMENT NUMBER	DISWYVIDLILL		
The enclosed Articles of A	mendment and fee are su		÷
Please return all correspon	dence concerning this ma	tter to the following:	`.
Ma	y-Wong Chou		
		Name of Contact Person	1
Ma	y-Wong Chou, P.A.		
		Firm/ Company	
895	1 Bonita Beach Rd SE #5	525-388	
		Address	
Вог	nita Springs, FL 34135		
		City/ State and Zip Code	e
muchani	@maywongchou.com		
		sed for future annual report	notification)
	`	,	,
For further information con	ncerning this matter, pleas	se call:	
May-Wong Chou		at (239	961-8454
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	urtment 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)
Mailing Address Amendment Section Division of Corporations		Street	Address
		Amend	ment Section
			on of Corporations
P.O. Box Tallahas	c 6327 see. FL 32314		Building xecutive Center Circle
- 3111WHAC	· · · · · · · · · · · ·	■···//1 1□	• • • • • • • • • • • • • • • •

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

May-Wong Chou, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State) P15000021414 (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: 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." 23150 Fashion Drive, Suite 231 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Estero, FL 33928 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 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 Office Address: 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.

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:	, unu sui	y Smith, S+ as an Add.	
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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ritach <i>aaam</i>	ional sheets, if ne	cessary). (Be sį	<u>ter change(s) her</u> pecific)			
			·			
					 	
						·
						
•	·					
						
<u>f an amendi</u> provisions f	<u>ment provides fo</u> for implementin	or an exchange, r g the amendment	eclassification, or if not contained	<u>cancellation of is</u> in the amendment	sued shares, t itself:	
(if not a	ipplicable, indica	te N/A)				
						
	* *					

The date of each amendment(s) adoption:	, if other than
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 block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendments by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/16/2019	
Signature My May Class	
(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 cou appointed fiduciary by that fiduciary)	ırı
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

the

the