P16000001827

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VICKI VOHL PA		
DOCUMENT NUMB	ER:		_
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
,	VICKI VOHL		
-		Name of Contact Person	1
-		I'i a d	
	1202 SE 23RD STREET	Firm/ Company	
-	· · · · · · · · · · · · · · · · · · ·	Address	
(-	CAPE CORAL, FL 33990		
		City/ State and Zip Code	e
VICK	@SHESELLSSUNSHINE.C		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
VICKI VOHL		at (339-3236
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Fiting 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)
Amer Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle essee, FL 32301

Articles of Amendment to Articles of Incorporation of

VICKI VOHL PA (Name of Corporation as currently filed with the Florida Dept. of State) P16000001827 (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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: , Florida (City) (Zip Code) 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 <math>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	o <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)	Title		Name	<u>Addres</u> s
1) Change	CEO	_	RICHARD C VOHL	1202 SE 23RD ST
Add				CAPE CORAL, FL 33990
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Domesia				

If an amendment provides for an exchange, reprovisions for implementing the amendment (if not applicable, indicate N/A)	
provisions for implementing the amendment	
(if not applicable, indicate N/A)	classification, or cancellation of issued shares, if not contained in the amendment itself:

The date of each amendment(s) add date this document was signed.	ption:, if other than t
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as tartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
by	···
	(voting group)
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder
12/9/2016	
DatedSignature	The toll
(By a dir	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
,	TICKI L. VOHL
-	(Typed or printed name of person signing)
I	RESIDENT
-	(Title of person signing)