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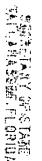
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C. CARROTHERS

Articles of Amendment to Articles of Incorporation of

,	of
TINA BRUNER, PA	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P16000032529	•
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
KRISTINA GRACE BRUNER PA	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDE	RESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	AH II: 24 FLEHIBA
D. If amending the registered agent and/or registere new registered agent and/or the new registered of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florido
HEW 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

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TINA BRUI	NER PA			
DOCUMENT NUMBER: P16000032529				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning the	nis matter to the following:			
MARK R SMITH				
	Name of Contact Person			
SMITH & WAGGON	SMITH & WAGGONER, CPAs, PA			
	Firm/ Company			
115 TAMIAMI TRAII	N STE 7			
	Address			
NOKOMIS, FL 34275				
	City/ State and Zip Code			
mark@swagcpa.com				
E-mail address: (to	be used for future annual report notification)			
For further information concerning this matter MARK R.SMITH				
	at (941) 375-4118			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount	made payable to the Florida Department of State:			
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	ce & Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

The date of each amendment(s) adoption:	, if other th	an 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 block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed of State's records.	as the
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by		
6	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
Dated	22/16	
Signature (By a depotor or	resident of other officer – if directors or officers have not been	
	ncorporator – if in the hands of a receiver, trustee, or other court	
	ary by that fiduciary)	
KRISTI	NA BRUNER	
	(Typed or printed name of person signing)	
PRESID	ENT	
 	(Title of person signing)	