

716000054237

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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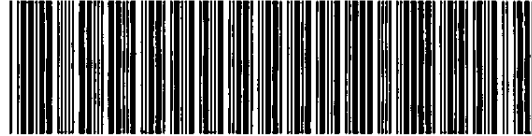
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SEP 07 2016

C. CARROTHERS

FLORIDA DEPARTMENT  
OF STATE DIVISION OF  
CORPORATIONS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: KIM HARKIN CPA, INC.

DOCUMENT NUMBER: P16000054237

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIM HARKIN

KIM HARKIN CPA, INC

8948 LAKE KATHRYN DRIVE

PONTE VEDRA BEACH, FL 32082

kannsomers@aol.com – Email

For further information concerning this matter, please call:

KIM HARKIN

\_\_\_\_\_ at ( 214 ) 454-3574  
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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Articles of  
Amendment to  
Articles of  
Incorporation of

KIM HARKIN CPA, INC. 916000054237

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:

**KIM HARKIN CPA, P.A.**

*professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:

**N/A**

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

**N/A**

*(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 N/A**

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TALLAHASSEE, FLORIDA

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:

1) Change N/A  
Add  
Remove

**E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)**

***I MOVED TO FLORIDA AND INCORPORATED MY CPA FIRM IN FLORIDA. ON MY ORIGINAL***

***ARTICLES, I LISTED THE PURPOSE OF MY CORPORATION WAS THE PREPARATION OF***

***TAX RETURNS AND TAX CONSULTING. I WOULD LIKE TO DESIGNATE THIS CORPORATION***

***OFFICIALLY A PROFESSIONAL CORPORATION TO PRACTICE PUBLIC ACCOUNTING. AS***

***THE SOLE OWNER I AM A LICENSED CPA IN FLORIDA - AC50131. FLORIDA REQUIRES***

***MY CORPORATE NAME TO END IN P.A. SO I AM REQUESTING A NAME CHANGE***

***TO KIM HARKIN CPA, P.A. TO COMPLY.***

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

**N/A**

G. The date of each amendment(s) adoption: August 12, 2016, If other than the date this document was signed.

Effective date if applicable: AUGUST 15, 2016  
(no more than 90 days after amendment file date)

## Adoption of Amendment(s)

X - The amendments were adopted by the sole shareholder.

Dated August 12, 2016

Signature

KIM HARKIN  
PRESIDENT

Kim Harkin