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## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Karen Ellingson, P. A.  DOCUMENT NUMBER: P1600073689				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Karen Ellingson Name of Contact Person				
Kasen Ellingson P.A. Firm/Company				
3533 Benerald St.				
Land O Lakes, FL 34638  City/ State and Zip Code				
Karen _ Ellingson Q. yahoo. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Karen Ellingson at (727) 642-2553 Name of Contact Person Area Code & Daytime Telephone Number				
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:				
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  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

## Articles of Amendment to Articles of Incorporation

Artici	of
Karen Ellingson, P.A	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P16000073689	
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
N/A	The new
	The new proporation," "company," or "incorporated" or the abbreviation oc," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
C. Enter new mailing address, if applicable:	/ .
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	·
D. If amending the registered agent and/or registered off	
new registered agent and/or the new registered office	address:
Name of New Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(F)	lorida street address)
New Registered Office Address: / A	, Florida
	(City) (Zip Code)
Non-Design Advanced Classes College Design Design	4.4
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
•	
N/A	
Signature o	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	PT John Doe	
X Remove	V Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	<i>N/</i> A	
Add		
Remove		
2) Change	<del></del>	<u>.</u>
Add		
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

F., If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Article 3 needs to be Changed to "Physician's assistant"  Please remove nurse practitioner"	
Arricle o needs to be crianged to	
<u>" Physicians assistant"</u>	
Please remove nurse practitioner	
	-
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:  (if not applicable, indicate N/A)	
N/A	
. , , , , ,	

The date of each amendment(s) adop date this document was signed.	tion: 4/6/17	, if other than t	the
Effective date <u>if applicable</u> :	4/6/17	r amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statuto	ory filing requirements, this date will not be listed as t	the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of ient for approval.	votes cast for the amendment(s)	
☐ The amendment(s) was/were approv  must be separately provided for each	ed by the shareholders through voting hyoting group entitled to vote separa		
"The number of votes cast for	the amendment(s) was/were sufficient	for approval	
by	(voting group)		
☐ The amendment(s) was/were adopted action was not required.			
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareho	older action and shareholder	
Dated	4/8/17		
Signature_			
selected, by	tor, president or other officer – if directly an incorporator – if in the hands of a fiduciary by that fiduciary)		
<u></u>	Yaren Ellingson (Typed or printed name of person)		
	President	son signing)	
_	(Title of person sig	gning)	