P170008 28500

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:

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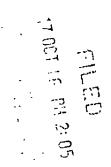


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 1 Kg	ith Slater, PA				
DOCUMENT NUMBER: P17000028500					
The enclosed Articles of Amendment					
Please return all correspondence conc	erning this matter to the following:				
J Keith Slater					
	Name of Contact Person				
J Keith Slater,	PA				
	Firm/ Company				
5801 Gulf Blv	1				
	Address				
St Pete Beach,	FL 33706				
	City/ State and Zip Code				
keith@jkslater.com					
- ·	ress: (to be used for future annual report notification)				
For further information concerning th	s matter, please call:				
Keith Slater	at (813) 601-6047				
Name of Contact Person	n Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	iling Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status				
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

J Keith Slater, PA

(Name of Cornoration as current)	y filed with the Florida Dept. of State)
1217000028500	,
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "e word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· 🛱 ŋ
(Studing uddress SIAL BLATOST OFFICE BOX)	7 5 5
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	, Florida
4	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	delegant comments. All and the Colors of
nereny accept the appointment as registered agent. I am jamittar w	un and accept the obligations of the position.
Cimmun CV D	minton of transfer if demander
Signature of New Ro	egistered 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: XChange	<u>PT</u>	John Do	<u>oe</u>		
X Remove	$\underline{\mathbf{V}}$	<u>Mike Jo</u>	nes		
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	sv		Tina Slater	5801 Gulf Blvd	
X Add				St Pete Beach, FL 33706	
Remove					
2) X Change	PT	_	Keith Slater	5801 Gulf Blvd	
Add				St Pete Beach, FL 33706	
Remove				- <u>-</u>	
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

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

. . . .

• • • •	10/11/2017	
The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
10/11/	/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement sich 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)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
10/11/2017 Dated		
Signature		
	ctor, 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	
	fiduciary by that fiduciary)	
J	Keith Slater	
	(Typed or printed name of person signing)	
Pr	resident	
_	(Title of person signing)	