

Office Use Only

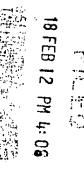


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02/12/18--01040--029 **35.00

And

R. WHITE FEB 1 4 2018



COVER LETTER

Division of Corpor	ations					
NAME OF CORPOR	TION: Krista L. HUKS MB, PA.					
DOCUMENT NUMBER: \$17,0000 552.05						
	Amendment and fee are submitted for filing.					
Please return all corresp	ondence concerning this matter to the following:					
	Kristin Hicks					
_	Name of Contact Person					
	Firm/Company					
-	Firm/ Company					
	102 SE 16th ave					
	112100					
	Ext Landerdal, F1 3330/					
Fort Landondale, FL 3330/ City/ State and Zip Code						
Kristn LHicks@yahoo.com						
E-mail address: (to be used for future annual report notification)						
	concerning this matter, please call:					
Kris	Area Code & Daytime Telephone Number					
Name of	Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for	he following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					

TO: Amendment Section

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

FUED

	Articles of Incorporation				18 FEB 12 PM 4: 08		
Kris	Fin L. H	icks,	M.D.,	P.	. •		
(Name of C	orporation as cu	rrently file	d with the Flo	orida l	Dept. of State)	or each originating from	
P	170000	5520	5				
	(Document Nun	ber of Corp	ooration (if kn	own)			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes	s, this <i>Flori</i> d	da Profit Cor <u>j</u>	oratio	on adopts the fo	llowing amendment(s)	
A. If amending name, enter the new name	of the corporation	on:					
nla						The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc,"	' or "Co".	A profession			the abbreviation	
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			n/a	i.		······	
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 new registered agent and/or the new reg			ı Florida, ent	er the	name of the		
Name of New Registered Agent	n	10				<u> </u>	
	l						
	(Flor	ida street ad	dress)				
New Registered Office Address:					, Florida		
The registrest office Man ess.		(City)			, i lorida	(Zip Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as registered	ting Registered A agent. I am fam	Agent: iliar with a	nd accept the	obliga	itions of the pos	ition.	
	Signature of	Vew Registe	ered Agent, if	changi	ing		

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 I	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P, D	Krista L. Hoks	102 SE 16th ave Fort Landerdale, FL 33301
X Add			Fort Landendale, FL
Remove			33301
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>additi</i> e	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
66A	Article VII:
, ,	The name and address of the owner director Kiistin L. Hicks 102 SE 16th ave Fort Laudendale, FL 33301
	Kista / Hicks
	In SELIOTA ALL
	102 SE 10. 000 E
	fort Landersale, FC 33301
	· · · · · · · · · · · · · · · · · · ·
100.0	
····	
an amendr	nent provides for an exchange, reclassification, or cancellation of issued shares,
	or implementing the amendment if not contained in the amendment itself: pplicable, indicate N/A)
(5	n/a
	' {
•	'(
	' (
A	
A	

The date of each amendment(s) add date this document was signed.	ption:	<u> </u>	, if other than the
Effective date if applicable:	nla		
Enecure date it applicable.	(no more	e than 90 days after amendment fi	le date)
Note: If the date inserted in this blocument's effective date on the Dep			rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff		ers. The number of votes cast for	the amendment(s)
☐ The amendment(s) was/were appr must be separately provided for e		ders through voting groups. The fa titled to vote separately on the amo	
"The number of votes cast for	r the amendment(s)	was/were sufficient for approval	
by		"	
	(voting group))	
☐ The amendment(s) was/were adoptaction was not required.	ed by the board of d	lirectors without shareholder action	n and shareholder
The amendment(s) was/were adopt action was not required.	ted by the incorporate	tors without shareholder action and	l shareholder
Dated 2-9	5-18	 	
(By a dir selected	ector, president or oth by an incorporator — I fiduciary by that fice		ee, or other court
	Kris	stin L. Hicks	MD
_	(Typed or p	printed name of person signing)	
<u>(</u>	agistered	agent linear pova	MD tor/owner director/ president
		(president