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SECRETARY OF STAT

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Cecilia A. Keane	PA			
DOCUMENT NUMB	ER: P18000057231			·	
	of Amendment and fee are su	ibmitted for fil	ing.		
Please return all corres	pondence concerning this ma	itter to the follo	wing:		
	Jennifer R Christiansen				
		Name of C	ontact Persor	n	
		Firm/	Company		
	125 W Indiantown Rd Suit	e 204			
		Ad	dress		
	Jupiter FL 33458				
•		City/ State	and Zip Cod	e	
cpaje	n@gmail.com				
	E-mail address: (to be u	sed for future a	nnual report	notification)	
For further information	concerning this matter, pleas	se call;			
Jennifer R Christiansen		at -	561	de & Daytime Telephone Number	
Name of Contact Person			Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the	Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy d copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mail	ing Address		Street	Address	
	ndment Section		Amendment Section		
Division of Corporations			Division of Corporations		
P.O.	Clifton Building				
Tallahassee, Fl. 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation CECILIA A. KEANE, PA

FILED

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2018 JUL 25 PH 4: 39

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE P18000057231 P18000057231

(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
A. If amending name, enter the new name of the corp	poration:
	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 ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	stered Agent: am familiar with and accept the obligations of the position.

Signature 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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Pres	Jennifer A Christiansen	1950 SE Cove Rd
Add			Stuart, FL 34997
X Remove			
2) Change	Pres	Cecilia A Keane	1950 SE Cove Rd
× Add	-		Stuart, FL 34997
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)	
		—
	 	
		_
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(i) not appacable, matetale (VA)		
		_

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ient
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
July 13, 2	2018	
Dated)	
Signature	alsa A Klane	
(By a	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other cou	ırt
appoir	nted fiduciary by that fiduciary)	
	Cecilia A Keane	
	(Typed or printed name of person signing)	
	President	
	(Title of nerson signing)	