

PI8000063251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

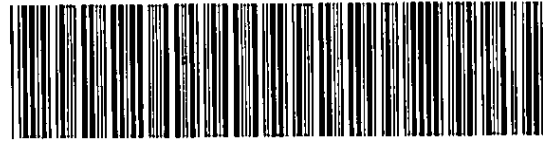
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/22/21--01015--020 \*\*35.00

FILED

2021 MAR 22 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FL

A. Butler

To whom this may concern.

Attached is a copy of my  
marriage license.

Got married & only changing  
the name of company.

Please call with any  
questions

Thank You  
Kupat Res

Hope your having a blessed  
day!!

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Krystle L. Emerson P.A  
DOCUMENT NUMBER: P18000063251

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

Please return all correspondence concerning this matter to the following:

Krystle L. Rea  
Name of Contact Person  
Krystle L. Emerson PA  
Firm/ Company  
7404 Oakmont Drive  
Address  
Lake Worth FL 33467  
City/ State and Zip Code  
Krystle Rea @ kw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krystle L. Rea at (561) 707-8383  
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:

- ☒ \$35 Filing Fee  
☐ \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
☐ \$52.50 Filing Fee Certificate of Status 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Krystle L. Emerson P.A.

(Name of Corporation as currently filed with the Florida Dept. of State) 3

P18000063251

(Document Number of Corporation (if known))

FILED

SECRETARY OF STATE  
TALLAHASSEE, FL.

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:**

Krystle L. Rea P.A.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

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

7404 oakmont Drive  
Lake Worth FL 33467

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

7404 oakmont Drive  
Lake Worth FL 33467

**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

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Krystle L. Rea P.A.

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

1) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
2) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
3 ) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
4) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
5) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____
6) _____ Change	_____	_____	_____
_____ Add			_____
_____ Remove			_____

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[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

Dated March 9th, 2021

Signature Kristle L. Rea PA  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kristle L. Rea PA  
(Typed or printed name of person signing)

owner / President  
(Title of person signing)

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)



00189483 4000  
001 BK 30329 FG 1322  
RECORDED 12/27/2018 11:42:04  
Palm Beach County, Florida  
Sharon R. Bock-CLERK & COMPTROLLER  
Pg. 13224 (1 of 1)

50-2018-ML-008969-XXXX-MB  
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) JASON F REA		1b MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) MAY 9, 1984
3a RESIDENCE - CITY, TOWN, OR LOCATION BOYNTON BEACH	3b COUNTY PALM BEACH	3c STATE FL	4. BIRTHPLACE (State or Foreign Country) NEW HAMPSHIRE
5 NAME OF SPOUSE (First, Middle, Last) KRYSTLE LYNNE EMERSON		5b MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year) APRIL 21, 1985
7a RESIDENCE - CITY, TOWN, OR LOCATION BOYNTON BEACH	7b COUNTY PALM BEACH	7c STATE FL	8. BIRTHPLACE (State or Foreign Country) FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Jason F Rea</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOVEMBER 21, 2018
11. TITLE OF OFFICIAL Deputy Clerk	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Sharon R. Bock</i>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Krystle Lynne Emerson</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOVEMBER 21, 2018
15. TITLE OF OFFICIAL Deputy Clerk	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Sharon R. Bock</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE Palm Beach County	18. DATE LICENSE ISSUED NOVEMBER 21, 2018	18a DATE LICENSE EFFECTIVE NOVEMBER 24, 2018	19 EXPIRATION DATE JANUARY 23, 2019
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Sharon R. Bock</i>	20b. TITLE Clerk of Court	20c. BY <i>Sharon R. Bock</i>	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 12. 1. 2018	22 CITY, TOWN, OR LOCATION OF MARRIAGE WEST PALM BEACH, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>B. Jonathan Duerksen</i>	23c ADDRESS (Of person performing ceremony) 701 S. Olive Ave WPT FL 33401
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Minister B. JONATHAN DUERKSEN	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY, NOT TO BE RECORDED



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy of the record in my office with redactions, if any as required by law.

THIS 27 DAY OF December, 2018

SHARON R. BOCK  
CLERK & COMPTROLLER

By *Sharon R. Bock*  
DEPUTY CLERK