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2004 AUG 23 PH 3: 44 SECRETARY OF STATE 1017ALLAHAS SEE, FL





## COVER LETTER

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPOR	RATION: Kylie M Androchu	ık PA			
DOCUMENT NUMI	BER:	=-10-			
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Kylie Fowler				
	Name of Contact Person				
	<del></del>	Firm' Company			
	11881 Canal Grande Drive				
		Address			
	Fort Myers, FL 33913				
		City/ State and Zip Cod	e		
	suc@teamhollycpa.com				
	E-mail address; (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Kylie Fowler		at ( <u>603</u>	583-6842		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
S35 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		Ameno Divisio The C 2415	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

SECRETARY OF STAT

## Articles of Amendment to Articles of Incorporation of

Kylie M Androchuk PA		. =		
( <u>Name o</u>	f Corporation as currently t	iled with the Florida Dej	pt. of State)	
P19000033295				
	(Document Number of C	lorporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation :	adopts the following	g amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
Kylie M Fowler PA				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co". A p			on "Corp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				<del></del>
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> )				
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address:	ss in Florida, enter the n	ame of the	SECRETARY OF STATE
Name of New Revistered Agent	Kylie Fowler			宝安 3
	11881 Canal Grande Drive			SSA PE
	(Florida stree	t address)	<del></del>	ب <sub>بن بن</sub> ۔
Name Parintered Office Addresses	Fort Myers		Florida 33913	프 <u>리</u>
New Neglisierea (Affice Adaress).	((	ĭţy)	(Zip (	iode)
Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if c I hereby accept the appointment as regist	Kylie Fowler  11881 Canal Grande Drive  (Florida stree Fort Myers  (Canal Grande Drive  (Florida stree  (Canal Grande Drive  (Florida stree  (Canal Grande Drive  (Florida stree  (Canal Grande Drive  (Canal Grande	ity) th and accept the obligation	Florida  (Zip C  ons of the position.	CT SOCHT. FL
_Kezll	1 Lawy Signature of New Reg			-
0	Signature of New Reg	istered Agent, if changing	<b>,</b>	

Check if applicable

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

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)

\_ Remove

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			1000
Remove			
2) Change			
Add			(n ca
Remove 3) Change			SECRETI
Add			6 23
Remove			<b>あ</b> ☆ 🕌 🖠
4) Change			Tim w
Add			FLATE
Remove			
5) Change		<del>-</del>	
Add			
Remove			
6) Change			
Add			

٠.

	08/08/2024	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
snective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adop  by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendme fficient for approval.	ent(s)
must be separately provided for (	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east i	for the amendment(s) was/were sufficient for approval	
by	."	
3 4	(voting group)	
08/08/2024		
Dated		
Signature <u>W</u>	Mynice	2024 AUG 23 PH SECRETARY OF TALLAHASS
	rector, president or other officer - if directors or officers have not be	en ER E
	l, by an incorporator – if in the hands of a receiver, trustee, or other c ed fiduciary by that fiduciary)	Our EE C
• •		3
	Kylie Fowler	(\$%) P
-	(Typed or printed name of person signing)	PH 3: 44 (SSEE, FL
	President	STA E. FL
		r - 1 r-

(Title of person signing)