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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: KELLY A COOK	P.A.	
DOCUMENT NUMBER:	19000041093		
The enclosed Articles of Ame		bmitted for filing.	
Please return all corresponde	nce concerning this ma	tter to the following:	
KELI.	Y A СООК		
<del></del> -		Name of Contact Person	1
KELL	Y A COOK P.A.		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
17519	WILLOW POND DR		
<del></del>		Address	····
LUTZ	, FL 33549		
		City/ State and Zip Code	:
Kellv@kral:	wgroup.com		
	<del>-</del> -	sed for future annual report	notification)
-		,	
For further information conce	rning this matter, pleas	se call:	
	,		532- <b>6495</b>
KELLY A COOK		813 at (	352-0493
Name of Cont	act Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	Howing amount made	payable to the Florida Depa	urtment of State:
	\$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 Admendment Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of

KELLY A COOK P.A.			
(Name of Corpor	ation as currently filed with	the Florida Dept. of State)	
P19000041093			
(Doc	cument Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the fol	llowing amendmen
4. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword" chartered," "professional association," or the control of the control	orp," "Inc," or "Co". A pr	any," or "incorporated" or ofessional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable:			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
(Mailing address <u>MAY BE A POST OFFICE</u> )	<u></u>		
	<u></u>		
		<u>_</u>	
D. If amending the registered agent and/or regi- new registered agent and/or the new register		ida, enter the name of the	2: 12
Name of New Registered Agent		<del> </del>	
	(Florida street address)		<u></u>
New Registered Office Address:		, Florida	
HEW NEXISIENCE Office Auditess.	(City)	, 1 101100	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:		
hereby accept the appointment as registered agen		cept the obligations of the pos	ition.
_			
	ignature of New Registered A	gent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. The 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 Che Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	BRENTON J COOK	17519 WILLOW POND DR	
Add			LUTZ FL 33549	
X Remove				
2) Change			<del></del>	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sh	ing additional Artic eets, if necessary).	(Be specific)			
		<del></del>	<del></del>		
	· <u>-</u>				
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f an amendment ni	rovides for an excha	ange reclassificat	tion, or cancellati	ion of issued shar	res.
provisions for impl	lementing the amen	dment if not conf	tained in the ame	ndment itself:	
(if not applicab	le, indicate N/A)				
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					<u> </u>
······································	<del></del>	<del></del>	<del></del>		

	05/29/2019
The date of each amendment(s) ad	option: if other t
date this document was signed.	73010
05/29 Effective date <u>if applicable</u> :	/2019
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory tiling requirements, this date will not be listed artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	ted by the board of directors without shareholder action and shareholder
action was not required.	ted by the incorporators without shareholder action and shareholder
5/29/2019 Dated	•
Signature	elist
selected	ector, 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 d fiduciary by that fiduciary)
	CELLY A COOK
	(Typed or printed name of person signing)
	RESIDENT
•	(Title of person signing)