P20000076958

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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MAY 1-9 2021 ! ALBRITTON

COVER LETTER

4.

| TO: Amendment Section Division of Corporation | | | · \$ |
|--|---|--|--|
| NAME OF CORPOR | ATION: KWOS, P.A. | | |
| DOCUMENT NUMB | | | |
| The enclosed Articles of | f Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | oondence concerning this ma | tter to the following: | |
| (| OLEG SHEPHERD | | |
| - | | Name of Contact Person | |
| (| OLEG SHEPHERD, P.A. | | |
| _ | | Firm/ Company | |
| 4 | 1339 SAGE GREEB TER | • • | |
| - | | Address | |
| 9 | SARASOTA, FL 34243 | | |
| _ | | City/ State and Zip Code | : |
| (| OLEGSHEPHERD@GMAIL | COM | |
| - | E-mail address: (to be us | ed for future annual report | notification) |
| For further information | concerning this matter, pleas | se call: | |
| OLEG SHEPHERD | | 941 at (| 587-4247 |
| Name o | f Contact Person | Area Coo | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: |
| □ \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amer Divis P.O. | ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314 | Amend Divisio The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303 |

Articles of Amendment ŧo Articles of Incorporation

| Articles of Amendment to Articles of Incorporation of | 701 A |
|---|--|
| KWOS, P.A. | May 1 |
| (Name of Corporation as currently filed with the Florida D | Dept. of State) |
| P20000076958 | 14. C. |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation: | n adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |

| OLEG SHEPHERD, P.A. | | The nev | |
|--|------------------------------|--|--|
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association," | Corp, " "Inc," or "Co". | "company," or "incorporated" or the abbreviation "Corp., A professional corporation name must contain the word " | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 1549 RINGLING BEVD SUITE 600 | |
| | | SARASOTA, FL 34236 | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1549 RINGLING BLVD SUITE 600 | |
| | | SARASOTA, FL 34236 | |
| D. If amending the registered agent ar new registered agent and/or the new | w registered office addre | | |
| Name of New Registered Agent | OLEG SHEPHERD | | |
| | 1549 RINGLING BLVD SUITE 600 | | |
| | (Florida s | treet address) | |
| New Registered Office Address | SARASOTA | Florida 34236 | |
| New Kegistered Office Address: | | (City) (Zip Code) | |
| <u>New Registered Office Address:</u> | | | |
| <u>New Registered Office Address</u> : | | | |
| New Registered Office Address: New Registered Agent's Signature, if c | banda bada a | | |
| <u>New Registered Office Address:</u> | | | |

Signature of New Registered Agent, if changing

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)

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 | <u>V</u> | Mike Jone | 8 | |
| X Add | <u>sv</u> | Sally Smit | <u>h</u> | |
| Type of Action (Check One) | <u>Title</u> | <u>N</u> | f <u>ame</u> | Address |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove 3) Remove | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| E. If amending or adding additional Artic | eles, enter change(s) here: |
|---|---|
| (Attach additional sheets, if necessary). | (Be specific) |
| | |
| NA | |
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| F. II an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| | |
| NIA | |
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| ' | 03/08/2021 | |
|---|--|----------------------------------|
| The date of each amendment(s) ad | option: | , if other than the |
| date this document was signed. | | |
| | 3/2021 | |
| Effective date <u>if applicable</u> ; | (1 00 1 2 1 21 1 2 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bl document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, the partment of State's records. | nis date will not be listed as t |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adoption was not required. | pted by the incorporators, or board of directors without shareholde | er action and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were suf | pted by the shareholders. The number of votes cast for the amendation flicient for approval. | ment(s) |
| | roved by the shareholders through voting groups. The following steach voting group entitled to vote separately on the amendment(s) | |
| "The number of votes cast t | for the amendment(s) was/were sufficient for approval | |
| by | | |
| <i></i> | (voting group) | |
| | 0 0 17 | |
| 03/08/2021 | | |
| 03/08/2021 Dated | , | |
| | A.C. | |
| 6: | (11.21) | |
| Signature | rector, president or other officer – if directors or officers have not | heen |
| | by an incorporator – if in the hands of a receiver, trustee, or other | |
| | ed fiduciary by that fiduciary) | |
| | | |
| • | OLEG SHEPHERD | |
| - | (Typed or printed name of person signing) | |
| | | |
| | P | |
| | | |

(Title of person signing)