P22000057735

(Requestor's Name)
(Address)
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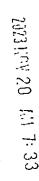
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12/9/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: DREW CATHERD	NE DUFFY, PA			
DOCUMENT NUMB	ER: P22000057735				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	DREW DUFFY FAGAN				
•		Name of Contact Person			
	DREW DUFFY FAGAN PA				
-	Firm/ Company				
	17601 STERLING LAKE DE	\			
•		Address			
	FORT MYERS, FL 33967				
•		City/ State and Zip Code			
	DREW@THEFAGANTEAM	1.СОМ			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
DREW DUFFY FAG	AN	at (<u>239</u>) 470-0582		
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	ertment of State:		
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ndrient Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

DREW CATHERINE DUFFY PA

2023 FOY 20 AM 7: 33

(Name of Corporation as	currently filed with the Florida I	Dept. of State)
P22000057735		, ;
(Document I	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida Profit Corporatio</i>	n adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:	
DREW DUFFY FAGAN PA		The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A professional corporatio	ed" or the abbreviation "Corp.," in name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>	
	 	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u> </u>
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	office address in Florida, enter the	name of the
Name of New Registered Agent		
	(Florida street address)	_
New Registered Office Address:		. Florida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	r <mark>ed Agent:</mark> a familiar with and accept the obliga	tions of the position.
Thereby decept the appointment as regions of agents	.,,	•
Simulation .	e of New Registered Agent, if changi	ing.
Signature	e oj wew negisierea Ageni, ij changi	ing.
Check if applicable	0400 (44) () 50	
☐ The amendment(s) is/are being filed pursuant to s. 607.	0120 (11) (c), 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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PTVS		DREW DUFFY FAGAN	17601 STERLING LAKE DR
Add		_		FORT MYERS FL 33967
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				<u> </u>
Remove				
6) Change		_		
, Add		-		
Remove				

itaen <i>aaaiitona</i> i	dding additional Art sheets, if necessary).	(Be specific)			
					
					
					
					
					
					
					
					
					
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an amenomen	t provides for an exc mplementing the ame	nange, reclassificat	toined in the amer	dment itself:	ı
rovisions for t	cable, indicate N/A)	sugment it not com	amed in the amei	idiatent tisen.	
(у ног аррп	cupie, maicule (VA)				
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		<u> </u>			
					

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	11/14/2023	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	14/2023	
Effective date <u>if applicable.</u>	(no more than 90 d	ays after amendment file date)
Note: If the date inserted in this document's effective date on the D		le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or boa	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s		umber of votes cast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders throug reach voting group entitled to vot	gh voting groups. The following statement see separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were	sufficient for approval
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
Dated	11423	
selecte		- if directors or officers have not been ands of a receiver, trustee, or other court
	DREW DUFFY FAGAN	
	(Typed or printed na	me of person signing)
	PRESIDENT	
	(Title of person signi	ng)