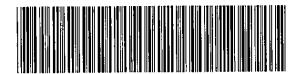
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

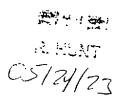
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DIVISION OF CORECTABLE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Krista R Jaquis Inc	<u></u>	
DOCUMENT NUMBER: P23000027474		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Bernard Ribordy		
	Name of Contact Person	1
Ribordy and Associates, Inc		
	Firm/ Company	
8780 Seminole Blvd		
_	Address	
Seminole, FL 33772		
	City/ State and Zip Code	:
brib165259@aol.com		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea Bernard Ribordy		397-9200
Name of Contact Person	at (727 Area Co)de & Daytime Telephone Number
Enclosed is a check for the following amount made		•
■ \$35 Filing Fee	☐\$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		Address Iment Section
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810

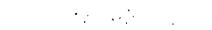
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Check if applicable

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

Krista R Jacquis Inc			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P23000027474			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following am	iendmer	u(s) to
A. If amending name, enter the new name of the corporation:			
Krista R Jaquis P.A.	The	e new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: 	ss in Florida, enter the name of the	2028 HAY 24 PH 12: 40	DIAISION DE CORECO YOURS PER OFTEN DE RESEAU
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida stree	t address)		
New Registered Office Address:	, Florida		
	иу (гар Соис,	,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.		
Signature of Voca Dou	istered Agent, if changing		
Signature of New Reg	ьметей адені, ў спиндінд		



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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	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>	Address
1) Change			
Add			
Remove			2023 HAY, 24
2) Change	.		
Add			
Remove 3) Change			2023 HAY, 24 PH 12: 1
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change			
Add			

Paying & SELLING	REAL ESTHE	
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114-11		
an amendment provides for	an exchange, reclassification, or cancellation of issued sl	iares,
provisions for implementing t (if not applicable, indicate	he amendment if not contained in the amendment itself:	
(g		



	5/18/2023	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action an	nd shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s);	
	r the amendment(s) was/were sufficient for approval	DIVÍS 2023
by	(voting group)	MISION OF C
5/19	1021	유그
Dated	14	 PM 12: 40
(By a dire selected,	ctor, 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 I fiduciary by that fiduciary)	— o ;
К	rista R Jaquis	
-	(Typed or printed name of person signing)	
P	resident	
_	(Title of person signing)	