P94000044825

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1





900246262529

04/04/13--01006--012 **35.00



2 ylam

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: KMW	ELSH @ ASSO	CIATES, P.A.
DOCUMENT NUMBER: P940000	44825	
The enclosed Articles of Amendment and fee		
Please return all correspondence concerning the	_	
·	·	
<u>KATHRYN</u>		
	Name of Contact Person	n
	Firm/ Company	
1601 EAST	BAY DRIVE	
	Address	
LARGO FL	33771	
	City/ State and Zip Cod	e
KATHRYNWE	LSH@TAMPABA	Y.RR.COM
	o be used for future annual report	
For further information concerning this matter	r, please call:	
KATHRYN WELSH	_{at (} 727	586-7088 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Depa	artment of State:
S35 Filing Fee S43.75 Filing Fee Certificate of St		☐\$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 Cliftor 2661 E	Address Imment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

K M WELSH & ASSOCIATES, P.A.

(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P9400044835	y filed with the Florida Dept. of State	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporatio</i>	n adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
K M WELSH, P.A.		The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co	orp," "Inc," or "Co". A professional corp	orporated" or the abbreviation poration name must contain the
word "chartered," "professional association," or t	the abbreviation "P.A."	
B. Enter new principal office address, if applica		<u> </u>
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
		29
D. If amending the registered agent and/or regis	stered office address in Florida, enter the	name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent		-
	(Florida street address)	
Now Projectional Office Address	, Flor	iAo
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing I		e Calamaniai ma
I hereby accept the appointment as registered agen	u i am jamiliar wiin and accept the obliga	uons of the postuon.
Signature oj	New Registered Agent, if changing	

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>РТ</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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

cu adamonai sneeis, ij necessi	ary). (Be specific)		
			
		·	·
			<u> </u>
			
_			
*** . · · ·			<u> </u>
			·
			
amendment provides for ar	n exchange reclassific	eation or cancellation	of issued shares.
visions for implementing the	amendment if not co	ontained in the amend	ment itself:
(if not applicable, indicate N	/A)		

The date of each amendment(s) a	doption: 3/19/2013
Effective date if applicable: 3/	19/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated 3/1/9/	13
Signature	
/selecte	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	KATHRYN MARIE WELSH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)