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SECRETARY SEE FLORIDA

FEB 07 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	KATHY BASS & ASSOCIATES, INC.				
DOCUMENT NUMBER:	P96000082470				
The enclosed Articles of Amendm	ent and fee are submitted for filing.				
Please return all correspondence of	oncerning this matter to the following:				
KATHY S	BASS				
KATHY S	Name of Contact Person KATHY S. BASS, P.A.				
	Firm/ Company				
455 HARR	ISON AVE, SUITE C				
,	Address				
PANAMA	PANAMA CITY, FL 32401				
	City/ State and Zip Code				
KATHYSI	KATHYSBASS@GMAIL.COM				
E-mai	address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
KATHY S. BASS	at (850 832-1007				
Name of Contact I					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
_	75 Filing Fee & Status Status Status Status Status Certified Copy Certified Cop				
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	tion Amendment Section porations Division of Corporations Clifton Building				

Articles of Amendment to Articles of Incorporation of

KATHY BASS & ASSOCIATES, INC.

KA	THY BASS & ASSUCIATES, INC.		
(Name of Corporat	tion as currently filed with the Florid	a Dept. of State)	
	P96000082470		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floric ts Articles of Incorporation:	da Statutes, this Florida Profit Corpora	tion adopts the following amendm	ent(s
A. If amending name, enter the new name of the c	corporation:		
KATHY S. BASS, P.	Α.	The nev	ı,
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A professional c	ncorporated" or the abbreviation	
B. Enter new principal office address, if applicable		j -j	
Principal office address <u>MUST BE A STREET AD</u>	ODRESS)		
		Annual Control of the	·- •
			1
Enter new mailing address, if applicable:			ir.
(Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)		
		<u> </u>	
		35 A	
 If amending the registered agent and/or register new registered agent and/or the new registered 		he name of the	
	a ome address.		
Name of New Registered Agent			
			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
iew Registered Agent's Signature, if changing Re	egistered Agent.		
hereby accept the appointment as registered agent.		gations of the position.	
Sign	nature of New Registered Agent if chai	nging	

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.

X Change	<u>PT</u> <u>Joh</u>	un Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove	,		
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
, Add			
Remove			
5) Charas			
5) Change			
Add			
Remove			•
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
,	

The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date if applicable:	JANUARY 23, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, partment of State's records.	, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amen ficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and sha	areholder
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	older
Dated	123117	
Signature	123/17 Kath Ban	
	rector, president or other officer – if directors or officers have no , by an incorporator – if in the hands of a receiver, trustee, or other	
	ed fiduciary by that fiduciary)	ici couit
• •	KATHY S. BASS	
-	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)