Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000210469 3)))



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To :

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BARNES WALKER, CHARTERED

Account Number : 102371002705 Phone

: (941)741-8224

Fax Number

: (941)708-3225

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN RONNIE DEWITT, P.A.

Certificate of Status	1
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9/23/2010

SEP-24-2010 FRI 09:19 AM Barnes Walker Title Inc.

9/24/2010 5:08:37 PM PAGE 1/001

Place the oftached



September 24, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

RONNIE DEWITT, P.A. 6907 207TH ST. E. BRADENTON, FL 34211US

SUBJECT: RONNIE DEWITT, P.A. REF: P97000023706

We recaived your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheat.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (350) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H10000210469 Letter Number: 810A00022822

P.O BOX 6327 - Tailahassee, Florida 32314

## **COVER LETTER**

(((H10000210469 3)))

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Ronnie Dewitt, P.A.				
document number: $\underline{\mathcal{P}}$	97.0000 23706				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Gre	9 OV RONNIC DeWith Name of Contact Person				
Ror	nie De Witt and Ossociates				
690	7 207% St East Address				
Bradenton, FL 34211 City/State and Zip Code					
E-mail address: (to be used for future annual report nonfication)					
For further information concerning  SVEO DEWIH  Name of Contact Person	this matter, please call:  at (941) 650 2129  Area Code & Daytime Telephone Number				
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:				
\$35 Filing Fee S43.75 Filing Cortificate of	g Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301				

(((H10000210469 3)))

## **Articles of Amendment**

(((H10000210469 3)))

Articles of Incorporation

P9700023704	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:	
4. If amending name, enter the new name of the corporation:	
Konnie Dewitt and associates Inc The now	
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation mame must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: 6907 207 <sup>th</sup> St. East. (Principal office address MUST BE A STREET ADDRESS) Bradenton, FL. 34211	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 6907 2077 St East	
Bradenton, Fl 34211	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:	
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
(City) (Zip Code)	
(City) (Lip code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
I nervely accept the appointment as registered agent. I am junitial with and accept the congulations of the position.	
Signature of New Registered Agent, if changing	î,
	•
Page 1 of 3	
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If amending the Officers and/or Directors, enter the title and name of each officer/director being 210469 3))) removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action Name Add ☐ Remove □ Rепюче □ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (uttach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

Page 2 of 3

(((H100002104693)))

The date of each amendment(s) ac	loption:	15,2010	((GI100000110460 7))\
Effective date if applicable:	(date of a	doption is required)	<del>(((111000021</del> 0469 3)))
(no	more than 90 days after	amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)		
1			
ty the shareholders was/were su	opted by the shareholders fficient for approval.	s. The number of votes can	st for the amendment(s)
The amendment(s) was/were app nsust be separately provided for	noved by the shareholde each voting group entitle	rs through voting groups. ed to vote separately on the	The following statement e amendment(s):
"The number of votes cast for	or the amendment(s) was	were sufficient for appro	val
by	ng group)	99 	
(votin	ng group)		
The amendment(s) was/were ado action was not required.	pted by the board of dire	ectors without shareholder	action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporator	s without shareholder actio	on and shareholder
Dated 9/22	110		
Signatifre	11/1/A/3	·	
selected, i		officer - if directors or offi the hands of a receiver, tr ary)	
<u> </u>	Connic K. C	De Witt- I name of person signing)	
	President		
	(Title of person signi	ng)	

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