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SECRETARY OF STATE
TALLAHASSEE, FROMING

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	E OF CORPORATION: Stewart Tilghman Fox & Bianchi, P.A.				
DOCUMENT NU	MBER:		H41316		
The enclosed Artic	cles of Amendment and	fee are submitte	d for filing.		
Please return all co	orrespondence concerni	ng this matter to	the following:		
		David W. I			_
		Name of Conta	ect Person		
	Stewart :		Bianchi & Cain, I	P.A	_
		Firm/ Con	npany		
	One Southeast Third Avenue, Suite 3000				_
		Addre	SS		
•	· · ·	Miami, FL			<u>-</u>
		City/ State and	·		
	E-mail address: (to	hathcock@stfb be used for future a	llaw.com	tion)	
For further informa	ation concerning this m	atter, please call	:		
	avid W. Bianchi	at (305)	358-6644	
	of Contact Person		Area Code & Daytir	ne Telephone Numb	
Enclosed is a check	k for the following amo	ount made payab	le to the Florida [Department of Sta	te:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Cer	.75 Filing Fee & tified Copy litional copy is enclo	sed) Certified	te of Status
P.O. Box 6	nt Section Corporations	Amer Divis Clifto	t Address dment Section on of Corporation n Building Executive Center		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Stewart Tilghman	Fox & Bianchi, F	P.A.	
(Name of Corporation as currentl	y filed with the Florid	a Dept. of State)	
H4	1316		
	of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Famendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation	adopts the following
A. If amending name, enter the new name of the	e corporation:		
Stewart Tilghman F			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desname must contain the word "chartered," "profess	signation "Corp," "Inc	c," or "Co". A professio	porated" or the pnal corporation
B. Enter new principal office address, if applica	ible:		EC.
(Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reginew registered agent and/or the new registered.	istered office address i	in Florida, enter the nam	AH 9: 28 FLORIBA
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		Florida	<u>-</u>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agentises.			of the position.

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)

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			~
			Add
	ding or adding additional Articles, additional sheets, if necessary). (Be		
provisi	mendment provides for an exchang ions for implementing the amendment to tapplicable, indicate N/A)	e, reclassification, or cancel ent if not contained in the ar	lation of issued shares, nendment itself:
_ ·			
<u></u>			

r the amendment(s
following statement nendment(s):
on and shareholder
s have not been ee, or other court
