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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WALLA	CE LAW FIRM PA
DOCUMENT NUMBER: P110000073	663
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning (his matter to the following:
J DAVID CAMPI	BELL, EA
	Name of Contact Person
CAMPBELLS EN	SROLLED AGENTS AND CO INC
	Firm/ Company
405 TAMIAMI T	RAIL
	Address
PUNTA GORDA	FL 33950
	City/ State and Zip Code
The small of the same	
E-man address; (u	o be used for future annual report notification)
For further information concerning this matter	r, please call:
VICTORIA I ANE NORRIS	941 639-0680 at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fe Certificate of St	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Fallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WALLACE LAW FIRM P.A.

(Name of Corporation as currently filed with the Florida Dept. of State) P11000007363 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., mane any recurring association and evaluation are worked corporations. Company, for incorporation that appreciation "Corp." "Inc." or "Co". A professional corporation name must contain the word chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. Il amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida_ (Civ) (Zip 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. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

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)

Example:

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 Free nave 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.

\underline{X} Change	<u>PT</u>	<u>John De</u>	<u>ae</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
<u>N</u> Add	<u>sv</u>	Şally Sı	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
D Change	P	_	DENNIS WALLACE R II	323 HARGREAVES AVE
Add				PUNTA GORDA, FL 33950
X Remove 2) X Change	VP		KATHRYN SHAW WALLACE	323 HARGREAVES AVE
Add	•		-	PUNTA GORDA, FL 33950
Remove 3 (Change				
Add				
Remove 4) Change				
Add				
Remove				
5) Change Add		_	· · · · · · · · · · · · · · · · · · ·	
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
CURRENTLY DENNIS WALLACE II IS LISTED AS P AND KATHRYN SHAW WALLACE IS LISTED AS VP.
REMOVE DENNIS WALLACE II FROM CORPORATION AND KATHRYN SHAW WALLACE WILL NOW BE
LISTED AS P.
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 NeA)

.

	s) adoption:	, if other than the
date this document was signed. Effective date if applicable:	MAY 31, 2025	
<u> </u>	(no more than 90 days after amen	dment file date)
Note: If the date inserted in thi document's effective date on the		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors	without shareholder action and shareholder
Life amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes re-sufficient for approval.	cast for the amendment(s)
	approved by the shareholders through voting group for each voting group entitled to vote separately of	
"The number of votes e	east for the amendment(s) was/were sufficient for a	pproval
by	(voting group)	 .
	(voting group)	
МАҮ	22, 2025	
Dated		
Signature	Hat Well	
(By sele	A director, president or other officer – if directors of other by an incorporator – if in the hands of a receisionted fiduciary by that fiduciary)	
(By sele	eted, by an incorporator - if in the hands of a recei	
(By sele	reted, by an incorporator – if in the hands of a recei- ointed fiduciary by that fiduciary)	ver, trustee, or other court
(By sele	reted, by an incorporator – if in the hands of a recei- ointed fiduciary by that fiduciary) KATHRYN SHAW WALLACE	ver, trustee, or other court