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DIVISION OF CONTORALIONS
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Shave M Wall P.A.
DOCUMENT NUMBER: <u>P0400062829</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Keri Wall
Name of Contact Person
Firm/ Company
2640 Poinciana Dr.
Naoles, FL 34105
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keri Wall at (239, 404-4572
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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

12 HOV 26 PH 1:53 **Articles of Amendment** to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (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 "company," or "incorporated" or the abbreviation ^acorporation, "Corp.," "Inc.," or Co.," or the designation "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. If 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 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

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 <math>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>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
<u>X</u> Add	<u>sv</u>	Sally St	mith_	
Type of Action (Check One)	Title		<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				

ttach <i>additional sheets</i> ,	if necessary). (Be	specific)			
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an amendment provid	es for an exchange	, reclassification	, or cancellation	of issued shares,	
rovisions for implement (if not applicable, in	nting the amendme idicate N/A)	ent ii not contair	ied in the amendr	nent useir:	
					
-				<u></u>	
					
		-17			
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The date of each amendment(s) adop	1)193/12
Effective date <u>if applicable</u> :	mon:
Effective date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder
Signature	Leven wall
selected, 1	by an incorporator—if in the hands of a receiver, trustee, or other court if induciary by that fiduciary)
_	Keri M Wall
	(Typed or printed name of person signing)
_	(Title of person signing)
	(1 title of bergoding mig)