

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.

(((H15000162859 3)))



H150001628593ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850) 617-6380 From: Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A. Account Number : I2009000089 Phone : (904)543-4300 Fax Number : (904) 543-4301 ភ **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** ц К Email Address: AH 10: 34 5 RECEIVEI COR AMND/RESTATE/CORRECT OR O/D RESIGN DAN JONES & ASSOCIATES, INC. 15 JUL Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$35.00 6 2015 JUL

CLEWIS

FILEO
SECRETARY OF STAR
DIVISION OF CORPORATION

Articles of Amendment

15 JUL -2 AM 10: 34

Articles of Incorporation of

DAN JONES & ASSOCIATES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

387468

(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:

H15000162859

The new 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 name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

- 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______, City) (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

. . . .

Page 1 of 4

H15000162859

ł

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.

Example; X_Change	<u>T9</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Neme	Address
1) Change	ST	Sandra K. Jones	1403 Dunn Ave Suite 1
Add			Jacksonville, FL 32218
X Remove	• •		
2) Change			
Add		• •	
Remove		· ·	
3)Change		· ·	<u></u>
Add			
Remove			·
4) Change			
Add		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Remove		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
H15000162859		Page 2 of 4	

H15000162859

6

· · · ...

E. If amending or adding additional Articles, enter change(s) here: (Attach 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 3 of 4

H15000162859

H15000162859

The date of each amendment(s) adoption: date this document was signed.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JUL - 2 AM40h34an the

Effective date if applicable:

by

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

□ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder . action was not required.

July 1, 2015 Dated

Signature

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Wendell D. Davis

(Typed or printed name of person signing)

President

(Title of person signing)

Page 4 of 4

H15000162859