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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: Blanchard, Merrian	n & Adel, P.A.			
DOCUMENT NUM					
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	Garry D. Adel				
	<del></del>	Name of Contact Person	n		
	Blanchard, Merriam & Adel,	P.A.			
		Firm/ Company			
	1007 E. Ft. King Street	• /			
		Address			1.2
	Ocala, FL 34471			. •	253
		City/ State and Zip Cod	c		- ;
	gadel@bmaklaw.com				i.
	<del>-</del>	sed for future annual report	notification)		=:
				:	دي:
For further informa	tion concerning this matter, pleas	se call:	-	. T.	<u> </u>
Garry D. Adel		at (	732-7218		
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address  dment Section on of Corporations  centre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

Blanchard, Merriam & Adel, P.A.		
(Name of Corporation as current	lly filed with the Florida Dept. of State)	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fol	lowing amendment(s
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must of	eviation "Corp.," contain the word
	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		, ,
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	.23
new registered agent and/or the new registered office address	33.	**************************************
Name of New Registered Agent		<del></del>
(Florida s	treet address)	·
New Registered Office Address:	Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	ut:	ition

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)

Add

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: PT John Doe X Change X Remove $\underline{\mathbf{V}}$ Mike Jones $\underline{SV}$ Sally Smith <u>X</u> Add Address <u>Title</u> Name Type of Action (Check One) 1007 E. Ft. King Street Garry D. Adel 1) \_\_\_\_ Change Ocala, FL 34471 Add Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3) \_\_\_\_ Change Add \_\_ Remove 4) \_\_\_\_ Change \_\_\_ Add \_ Remove 5) \_\_\_\_ Change Add \_\_\_ Remove 6) \_\_\_\_ Change

(Attach additional sheets, if necessary). (Be specific)		
I/A		
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. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	·	#: 38
provisions for implementing the amendment if not contained in the amendment itself:	iT.	$\alpha$
(if not applicable, indicate N/A)		
VA	<del>_</del>	
	<del></del>	

The date of each amendment(s) acd date this document was signed.	October 16, 2023 option:	, if	other than the
•	ber 16, 2023		
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this coartment of State's records.	date will not l	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder ac	tion and share	holder
■ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendmen ficient for approval.	nt(s)	
must he separately provided for	roved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):  Or the amendment(s) was/were sufficient for approval	тет	
by	(voting group)		
DatedSignature	10/17/200.3  rector, president or other officer – if directors or officers have not been		5603
selected	, by an incorporator – if in the hands of a receiver, trustee, or other conditional by that fiduciary)		6053 C. 1 Stu
	Oock A. Blanchard		<del>-</del>
•	(Typed or printed name of person signing)		<del></del>
		<u></u> 1,,	ယ္
•	(Title of person signing)		<del></del>