556838

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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Sheppard, White, F	Kachergus, DeMaggio, & W	/ilkison, P.A.
DOCUMENT NUMB	554030		···
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Elizabeth L. White		
•		Name of Contact Person	
	Sheppard, White, Kachergus,	DeMaggio, & Wilkison, P	A.
•		Firm/ Company	
	215 North Washington Street		
•		Address	
	Jacksonville, Florida 32202		
•		City/ State and Zip Code	
	sheplaw@sheppardwhite.con	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: 904 at (396-9661
Name o	of Contact Person		le & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	S43.75 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)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 4. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

Sheppard, White, Kachergus, DeMaggio, & Wilkison, P.A.

(Name o	of Corporation as currently	filed with the Florida	Dept. of State)
556838			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporatio	m adopts the following amendment(s) t
A. If amending name, enter the new na	ime of the corporation:		
Sheppard, White, Kachergus, & DeMagg	io, P.A.		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co" chartered," "professional association,"	orp, "Inc," or "Co". A		ted" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the	name of the
Name of New Registered Agent	215 North Washington Stra		
	215 North Washington Stree (Florida stree		
	Jacksonville	er autress)	32202
New Registered Office Address:		City)	, Florida (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			, ,

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)

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>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>r Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PVSTD	William Jewell Sheppard	215 North Washington Street
Add			
Remove 2) Change	PVSTD	Elizabeth L. White	215 North Washington Street
X Add			
Remove 3) Change			4.5
Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove 6) Change			
Add			
Remove			

	dding additional Artic sheets, if necessary).	(Be specific)			
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	· · · · · · · · · · · · · · · · · · ·				•
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			_		
f an amendmen	provides for an exch	ange, reclassifica	ition, or cancellatio	on of issued shares	•
provisions for it	nplementing the amer	idment if not cor	ntained in the amer	dment itself:	-
(if not applie	rable, indicate N/A)				

The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for fficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The feeder voting group entitled to vote separately on the amo	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	28/2022 Zizzatal Dik	
Signature	Zizzaeta L. Dibe	
(By a di	rector, president or other officer – if directors or officers	
	 by an incorporator – if in the hands of a receiver, trust ed fiduciary by that fiduciary) 	ee, or other court
арронц		
	thizabeth L'White	
	(Typed or printed name of person signing)	
	Maragray Fartner / Poster	x L
	(Title of person signing)	