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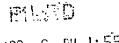
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Law Office	es of Gerald F	R Colen, P.A.				
DOCUMENT NUMBER: 587457						
The enclosed Articles of Amendment and fee are sul	omitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
Rachel M Wag						
Name of Contact Person						
Colen & Wago	ner, P.A.					
	Firm/ Company					
7243 Bryan Da	iry Rd					
	Address					
Largo FL 3377						
	City/ State and Zip Code	:				
jerry@gcolen.com	1					
E-mail address: (to be us	sed for future annual report					
	<i>r</i>	+ c , - t - t				
For further information concerning this matter, pleas	se call:	,				
Rachel M Wagoner	_ at (727	545-8114				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:				
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301				

Talianassee, FL 323(

Articles of Amendment Articles of Incorporation



Law Offices of Gerald R Colen, P.A.

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(Name of Corporation as currently filed with the Florida Dept. of State) 587457 (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: Colen & Wagoner, P.A. 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. 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: 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 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<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			
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Remove			

attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)		
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If an amendment provides for an exchaprovisions for implementing the ame	ange, reclassification, or cand	the amendment itself:	1181 627
If an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or candment if not contained in	the amendment itself:	iai es,
provisions for implementing the ame	ange, reclassification, or candment if not contained in	the amendment itself:	iia e co.,
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If an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or candinent if not contained in	the amendment itself:	111 (5),
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The date of each amendment(s) ad date this document was signed.	option:	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated		
S:		
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	Rachel M Wagner (Typed or printed name of person signing)	_
	P	
	(Title of person signing)	