596193

(Requ	estor's Name)			
(Addr	ess)			
(Addr	ess)			
(City/S	State/Zip/Phon	se #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fil	ing Officer:			
		i		

Office Use Only



100300829931

06/30/17--01005--013 **52.50

JUL 0 8 2017 S. YOUNG 17 JW 30 FK I2:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Pereira CPAs, P.A		
DOCUMENT NUM			
	es of Amendment and fee are su	ibinitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Jay Pereira, CPA		
		Name of Contact Person	
	Pereira CPAs		
		Firm/ Company	
	5707 Via De La Plata Circle		
		Address	
	Delray Beach, FL 33484		
		City/ State and Zip Code	;
jay(@pereiracpas.com		
		sed for future annual report	notification)
For further informate	ion concerning this matter, pleas	se call:	
Jay Pereira, CPA		at (⁵⁶¹	347-1844, ext. 203 le & Daytime Telephone Number
Nam	e of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depar	rtment of State:
S35 Filing Fee	□\$43.75 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		Amendi Division Clifton	Address ment Section n of Corporations Building
Ta	Ilahassee FL 32314	2661 Ex	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pereira & Associates, P.A., Certified Public Accountants (Name of Corporation as currently filed with the Florida Dept. of State) 596193 (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: Pereira CPAs, 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." 2200 NW Corporate Blvd., Suite 318 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Boca Raton, FL 33431 C. Enter new mailing address, if applicable: N/A (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

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>	John Doc		
X Remove	<u>V</u>	Mike Jone	<u>28</u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	Title	<u>N</u>	<u>Name</u>	<u>Addres</u> s
1) Change			N/A	
Add				
Remove				***
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		- -		
Remove				
が Change		- –		
Add				
Remove				

	Tools, if modebbaning.	(Be specific)				
				·	· · · · · · · · · · · · · · · · · · ·	
					-	
					*	
		·				
		**				
			_			
					- 	
						
		·				
					·	-
						
an amendment pi	rovides for an excl	hange, reclassific	ation, or cancell	ation of issued s	shares.	
provisions for imp	rovides for an excl	hange, reclassific	ation, or cancel	lation of issued s mendment itself	shares, :	
provisions for imp	rovides for an excl lementing the ame ble, indicate N/A)	hange, reclassificendment if not co	cation, or cancel entained in the a	ation of issued s mendment itself	shares, <u>:</u>	
provisions for imp	lementing the ame	hange, reclassificendment if not co	cation, or cancel ontained in the a	ation of issued s mendment itself	shares, :	
provisions for imp	lementing the ame	hange, reclassificendment if not co	cation, or cancel ontained in the a	lation of issued s mendment itself	shares, :	
provisions for imp	lementing the ame	hange, reclassificendment if not co	cation, or cancel entained in the a	lation of issued s mendment itself	shares, <u>:</u>	·
provisions for imp	lementing the ame	hange, reclassific	cation, or cancel ontained in the a	lation of issued s mendment itself	shares, <u>:</u>	· · · · · · · · · · · · · · · · · · ·
provisions for imp	lementing the ame	hange, reclassific endment if not co	eation, or cancel	lation of issued s mendment itself	shares,	
provisions for imp	lementing the ame	hange, reclassific endment if not co	cation, or cancel	lation of issued s mendment itself	shares,	
provisions for imp	lementing the ame	hange, reclassificendment if not co	cation, or cancel	lation of issued s	shares,	
provisions for imp	lementing the ame	hange, reclassificendment if not co	cation, or cancel ontained in the a	lation of issued s	shares,	-
provisions for imp	lementing the ame	hange, reclassific	cation, or cancel ontained in the a	lation of issued s	shares,	
provisions for imp	lementing the ame	hange, reclassific	cation, or cancel ontained in the a	lation of issued s	shares,	
provisions for imp	lementing the ame	hange, reclassificendment if not co	cation, or cancel ontained in the a	lation of issued s	shares,	
provisions for imp	lementing the ame	hange, reclassific	cation, or cancel	lation of issued s	shares,	
provisions for imp	lementing the ame	hange, reclassific	cation, or cancel	lation of issued s	shares,	

The date of each amendment(s) adoption:	, if other than the
· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable: (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, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ur —
June 27, 2017 Dated	
Signature A	
(By a director) president or other officer – if directors or officers have not b selected by all incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Jay Pereira, CPA	
(Typed or printed name of person signing)	
President	
(Title of person signing)	