## 604 132

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>C</u>	ilds, Hester & Love, P.A.						
DOCUMENT NUMBER: 604132							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence con-	erning this matter to the following:						
Linda M. Ho	ster						
	Name of Contact Person						
Hester, Love & Pederson, P.A.							
	Firm/ Company						
6022 San Jose Blvd., Second Floor							
	Address						
Jacksonville, Florida 32217							
	City/ State and Zip Code						
lhester@chi	dslegalgroup.com						
E-mail ad	ress: (to be used for future annual report notification)						
For further information concerning th	s matter, please call:						
Linda M. Hester	at (904) 396-3007 Area Code & Daytime Telephone Number						
Name of Contact Pers	n Area Code & Daytime Telephone Number						
Enclosed is a check for the following	amount made payable to the Florida Department of State:						
	Filing Fee & Status  Certified Copy (Additional copy is enclosed)  S\$2.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)						
Mailing Address Amendment Sectio Division of Corpor P.O. Box 6327 Tallahassee, FL 32	tions Division of Corporations The Centre of Tallahassee						

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Childs, Hester & Love, P.A.	" men have had
(Name of Corporation	as currently filed with the Florida Dept. of State
604132	Pil 1:54
(Documen	nt Number of Corporation (if known) TALLAHASSEE STATE
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corp	poration:
Hester, Love & Pederson, P.A.	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	<u>EESS</u> )
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	)
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
·	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tored Agent.
I hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
Signatu	ure of New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 60%	7.0120 (11) (c), F.S.

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: 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; GEO = ChiefExecutive 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 PST and Mike Jones is listed as the PST and Mike Jones is listed as John Doe, PT as 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 Doe X Remove  $\underline{\mathbf{V}}$ Mike Jones  $X \land Add$ SVSally Smith <u>Title</u> Address Type of Action Name<sub></sub> (Check One) Wade Douglas Childs 8169 Blue Jay Lane T 1) \_\_\_\_ Change Jacksonville, Florida 32256 \_\_\_ Add Χ Remove 1762 Long Slough Walk Brian Mark Pederson 2) \_\_\_\_ Change Х Fleming Island, Florida 32003 \_\_\_\_ Add \_\_\_ Remove 3) Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add

\_\_\_\_ Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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	SECRETALLY OF STATE TALLAHASSEE, FL
	·
<ol> <li>If an amendment provides for an exchange, reclassificat provisions for implementing the amendment if not cont</li> </ol>	
(if not applicable, indicate N/A)	amed in the amendment user:
N/A	
	<u> </u>

The date of each amendment(s) adoption: _ date this document was signed.	05-01-2025	<del></del>	_, if other than
Effective date if applicable:			
	(no more than 90 days after amendment file date)	)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirement of State's records.	ts, this date will	not be listed as
Adoption of Amendment(s) (C	CHECK ONE)		
☐ The amendment(s) was/were adopted by th action was not required.	ne incorporators, or board of directors without shareh	older action and	shareholder
In The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the am or approval.		
must be separately provided for each voto	the shareholders through voting groups. The following group entitled to vote separately on the amendment and mention (s) was/were sufficient for approval	ng statement   E	2025 MAY - 1
by	"	>S - C	Ji i Serve
	oting group)	1.333 1.333 1.033	
Dated 05-01-	2025	L. 71.	<u> </u>
Signature/ Mag	a) M. Keslis		_
	esident or other officer - if directors or officers have		
	ecorporator – if in the hands of a receiver, trustee, or carry by that fiduciary)	other court	
appointed fiducia	ry by that fiductary)		
ı	Linda M. Hester (Typed or printed name of person signing)		
	(Typed or printed name of person signing)	-	
	Vice President		
	(Title of person signing)		

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