## F21982

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: POWERS DESIGN POWERS DENNISON BUSEY & MORGAN, INC.				
DOCUMENT NUMBER: F21982				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Eugene G Peek I	11		
	Name of Contact Person			
	Peek & Cobb			
		Firm/ Company		
	501 Riverside Av	enue-Suite 601		
		Address		
	Jacksonville, Flor	ida 32202		
		City/ State and Zip Cod	e	
ea	oiii@peekcobb.coi	m		
51		sed for future annual report	notification)	
			,	
For further information	n concerning this matter, pleas	e call:	1	
Eugene G Peek III		at (904	399-1609	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 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 Street Address		Address		
	endment Section	Amend	Iment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			Building Executive Center Circle	
1 411	anassee, FL 52514		assee, FL 32301	

## **Articles of Amendment**

to
Articles of Incorporation

FILES

of

## POWERS DESIGN POWERS DENNISON BUSE \* & MORGAN, INC.

(Name of Corporation as currently filed with the Florida Dept. F21982 (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: POWERS DESIGN, INC. The new 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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 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		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			-
Add			
Remove			

	ding or adding additional Art additional sheets, if necessary).	(Be specific)
l/A		
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	nendment provides for an excl	change, reclassification, or cancellation of issued shares,
If an an	ions for implementing the amo	endment if not contained in the amendment itself:
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<u>provisi</u> ( <i>if</i>	not applicable, indicate N/A)	CHOMERCA HOLCORAGICA DE CIRC AMERICINENT RISCH.
<u>provisi</u> ( <i>if</i>	not applicable, indicate N/A)	CHOMERCA II INC CORRUNCE DI CIRC AMCROMENT RISCH.
<u>provisi</u> ( <i>if</i>	not applicable, indicate N/A)	CHOMER IN HOL CORRUNCE DE CIRC AMERICINENT RISET.

The date of each amendment(s) adoption date this document was signed.	August 16, 2013	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del>_</del>
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficiently.	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated Augus	6, 2013	
0'		
selected. I	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	_
J	John M Powers	
_	(Typed or printed name of person signing)	
	Director/President	

(Title of person signing)