F34088

| (Red | questor's Name) | • • • • • • • • • • • • • • • • • • • • |
|---------------------------|-------------------|-----------------------------------------|
| . (Add | Iress) | |
| (Ada | lress) | |
| (City | //State/Zip/Phon | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | <u> </u> |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | , | |
| | | |

Office Use Only



700191755497

01/19/11--01019--012 **43,75

TIVISION OF COMPORATIONS

11 JAN 19 PM 2: 21

W.C.

C.COULLIETTE

JAN 2 1 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORP | ORATION: | Traer and Associates P | P.A. | |
|----------------------------------------|----------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|
| DOCUMENT NU | MBER: | F34088 | | |
| The enclosed Artica | les of Amendment and fee a | are submitted for filing. | | |
| Please return all co | rrespondence concerning th | is matter to the following: | | |
| _ | \ | Villiam M Traer III | | |
| | N | Jame of Contact Person | | |
| _ | CPA | Retirement Network | | |
| | • | - Firm/ Company | | |
| - | 8826 Goodbys Executive Dr. Suite B | | | |
| | | Address | | |
| - | | cksonville FI 32217 ity/ State and Zip Code | | |
| | | | | |
| | E-mail address: (to be use | er@cparet.com d for future annual report notification) | | |
| For further informa | tion concerning this matter, | please call: | | |
| Wil | liam M. Traer III | at (904) 7 | 33-1123 | |
| Name of Contact Person | | Area Code & Daytime Tel | lephone Number | |
| Enclosed is a check | for the following amount n | nade payable to the Florida Depar | tment of State: | |
| □ \$35 Filing Fee | ✓ \$43.75 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) | |
| Mailing Address Amendment Section | | Street Address Amendment Section Division of Corporations | | |
| Division of Corporations P.O. Box 6327 | | Clifton Building | | |

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

| Traer and Associates | P.A. | | 9 3 X |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------|----------------------|
| (Name of Corporation as currently filed with | the Florida Dept. of Sta | te) | |
| F34088 | | | 2: XX |
| (Document Number of Corporat | ion (if known) | | F |
| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this <i>Florida Profit</i> (| Corporation adop | ots the following |
| A. If amending name, enter the new name of the corporation | <u>n:</u> | | • |
| CPA Retirement Netwo | rk, Inc | | The new |
| name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associations and the word "chartered," "professional associations and the word "chartered," "professional associations are must contain the word "chartered," "professional associations are must be distinguishable and contain the word "corp abbreviation "Corp.," or Co.," or the designation "Corp., "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp., "corp abbreviation "Corp.," "Inc.," or Co., "or the designation "Corp.," "Inc.," "Inc | orp," "Inc," or "Co". A | A professional co | d" or the orporation |
| B. Enter new principal office address, if applicable: | 8826 Goodbys Exe | cutive Dr | -) come |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Suite B | | -{ same 5 addres |
| | Jacksonville Fl 322 | 17 | - - |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Same | | - |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade | dress: | er the name of th | - - <u>he</u> |
| Name of New Registered Agent: No Change in | n Registered agent | _ | |
| New Registered Office Address: (Flori | da street address) | - | |
| | | _, Florida | |
| (City) | (Zip | Code) | |
| New Registered Agent's Signature, if changing Registered A | | | |
| I hereby accept the appointment as registered agent. I am fami | liar with and accept the c | 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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------------------------------------------------------------------------------------|----------------|----------------|
| | No changes | <u> </u> | |
| · | | | |
| | · · · · · · · · · · · · · · · · · · · | | — – |
| | nding or adding additional Articles additional sheets, if necessary). (Beges | e specific) | |
| : | | | |
| | | | |
| provis | mendment provides for an exchangions for implementing the amendment applicable, indicate N/A) | | |
| | | | |
| | | | • |
| | | | |

| The date of each amendment | |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/web by the shareholders was/web | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statemen d 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/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated_Janu | ary 11, 2011 |
| sele | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | William M Traer III |
| | (Typed or printed name of person signing) |
| | President |
| • | (Title of person signing) |