H46946

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DIANE R. HER	RINGTON, CPA, P. A.		
DOCUMENT NUMB	ER: <u>H46946</u>			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
	DIANE HERRINGTON	N		
-	Name of Contact Person			
-	Firm/ Company			
	1117 PRINCE PLACE			
-	Address			
_	LAKELAND, FL 33813			
		City/ State and Zip Code	:	
_	marydiherr@msn.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
DIANE HERRING	ON	at (_863	838-2312	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Ame Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee & Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	_
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	nis Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
HERRINGTON FINANCIAL CORP.		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation name must con	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1117 PRINCE PLACE	
•	LAKELAND, FL 33813	3 3 3 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1117 PRINCE PLACE	1. ()
	LAKELAND, FL 33813	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses.		(0 .2
Name of New Registered Agent		
1117 PRINCE PLA	ACE	
(Florida	street address)	
New Registered Office Address: LAKELAND	, rioriua	
	(City) (Z	(ip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		VI.
Signature of New	v Registered Agent, if changing	

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
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				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
- 	
·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the	endment if not contained in the amendment itself:
broarmous for imbigueuring the ame	
(if not applicable, indicate N/A)	

$i \downarrow i \downarrow 0$	1 V
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 1524 (no more than 9)) days after amendment file date)
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or t action was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thromust he separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/wei	e sufficient for approval
by Digne Herrington	
(voting gcoup)	
Dated	
Signature Dans Hen	
(By a director, president or other office	er – if directors or officers have not been
selected, by an incorporator—if in the appointed fiduciary by that fiduciary)	hands of a receiver, trustee, or other court
appointed fluderary by that fluderary	. 1
Typed or printed	anne of person signing)
Trus idea	nina)
t i tile of person sig	uing)