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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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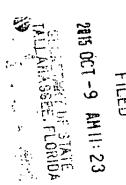
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | ATION: CARL | SON, NORRIS | and Associates Inc | |
|---------------------------|---|--|---|--|
| DOCUMENT NUMBI | | HC4338 | | |
| The enclosed Articles of | f Amendment and fee are s | ubmitted for filing. | | |
| Please return all corresp | ondence concerning this ma | atter to the following: | | |
| | | LEE NOREIS | | |
| _ | | Name of Contact Pe | rson | |
| | | CARLSON, NO | PRRIT | |
| _ | | Firm/ Company | _ | |
| | | 1914 COUR | TNEY DR. 5-14 | |
| _ | | Address | | |
| | | ET. MYZZZ | Fh. 33901 | |
| _ | | City/ State and Zip (| Code | |
| | LNORE | IS @ CARLSON | worris, com | |
| | E-mail address: (to be u | sed for future annual rep | oort notification) | |
| | concerning this matter, plea | se call: | | |
| | E NORKIS | at (23 9 | 7 Oode & Daytime Telephone Number | |
| Name of | Contact Person | Area | Code & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida D | Department of State: | |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy is enclosed) | Certificate of Status | |
| | ng Address | | eet Address | |
| | ion of Corporations | | endment Section | |
| | ion of Corporations Box 6327 | | vision of Corporations fton Building | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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| ation as current | y filed with the Flo | orida Dept | of State) | S DCT o | |
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| ida Statutes, this | Florida Profit Cor | poration ad | 13.35 | | idme |
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| stered office add ed office address J. LO | E NORRIS | | | | |
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| tered office add ed office address J. LO | E NORRIS | | | | |
| stered office add ed office address J. Lo 1919 Cou | E NORRIS RTNEY BR. | | | 3390/ | |
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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> <u>John</u> | Doc | |
|-------------------------------|-------------------------|--------------------|------------------------|
| X Remove | <u>V</u> <u>Mike</u> | <u>Jones</u> | |
| X Add | <u>SV</u> <u>Sall</u> y | ' Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) K Change | <u> </u> | J. LEE NORRIG | 1919 CONSTNEY DR. 5-14 |
| Add | | | FT. MYENS, FL. |
| Remove | | | 3396/ |
| 2) Change | P | C, WILLIAM CARLSON | 1919 CONSTREY DR 5.14 |
| Add | | | FT. MYERS, FI. |
| | | | 33901 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | · | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | v). (Be specific) | | | |
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| The date of each amendment(s) adopt | tion: May 1,2015 | , if other than the |
|---|---|-------------------------------------|
| date this document was signed. | | |
| Effective date if applicable: | may /2015 | |
| <u>парричина</u> | moy 1,2015 moy 1,2015 (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block document's effective date on the Depart | k does not meet the applicable statutory filing requirements, | this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient | d by the shareholders. The number of votes cast for the amen ient for approval. | dment(s) |
| | ed by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendment | |
| "The number of votes cast for | the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were adopted action was not required. | d by the board of directors without shareholder action and sha | areholder |
| ☐ The amendment(s) was/were adopte action was not required. | d by the incorporators without shareholder action and shareholder | older |
| Dated | 10/5/15 | |
| s: . | 10/5/15 Le Morin (Journe See Trees -) stor, president or other officer - if directors or officers have no | Kon Pur.) |
| Signature (By a phreo | etor, president or other officer – if directors or officers have no | ot been |
| selected, b | y an incorporator – if in the hands of a receiver, trustee, or other | her court |
| appointed | fiduciary by that fiduciary) | |
| | J. LEE NORLIS | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |