H86970

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. COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Attorneys Jo Ann I	Hoffman & Associates, P.A	ı.			
DOCUMENT NUM						
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Kimberly Abajian					
	Name of Contact Person					
	Attorneys Jo Ann Hoffman & Associates, PA					
	Firm/ Company					
	4403 West Tradewinds Ave.					
	Address					
	Lauderdale by the Sea, FL 33	3308				
	City/ State and Zip Code					
	Kimberly@joannhoffman.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, plea	se call:				
Kimberly Abajian		954 at (351-9111			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Attorneys Jo Ann Hoffman & Associates, P.A. (Name of Corporation as currently filed with the Florida Dept. of S H86970 (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: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: Christie H. Gibbons Name of New Registered Agent 4403 West Tradewinds Ave Lauderdale by the Sea, FL 33308 (Florida street address) New Registered Office Address: . Florida (City) 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.

ture of New Registered Agent, if changing

Check if applicable

☐ 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)

Example:

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 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	VD	Christie H. Gibbons	4403 West Tradewinds Ave
X Add			Lauderdale by the Sea, FL 33308
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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The date of each amendment(s) a late this document was signed.	adoption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without sharehold	lder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	z statement (s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	D-17-23	
(Brain) select	director, president or other officer – if directors or officers have need, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	ot been her court
	Jo Ann Hoffman	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	