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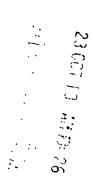
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Parker Services, In	c.			
DOCUMENT NUM			****		
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Jeremy C. Parker				
		Name of Contact Persor	1		
	Parker Services, Inc.				
		Firm/ Company	<u>.</u>		
	1600 Mill St	, ,			
	Address				
	Tallahassee / FL 32310				
	City/ State and Zip Code				
	10	,			
	rpaul@pstallahassee.com	I.P. Para and Lancard			
	E-mail address: (to be us	sed for future annual report	nouncation)		
For further information	on concerning this matter, pleas	se call:			
Jeremy C. Parker		at (850	222-7722		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The C	Address ment Section in of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

PARKER SERVICES, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

J54577

(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:	NIA	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporat	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	·
D. If amending the registered agent and/or registered office address: Name of New Registered Agent		name of the
(Florida stre	vet address)	.
New Registered Office Address:	N/R (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Re		•
Charle if annihable	C A S C C C C C C C C C C C C C C C C C	O.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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>şv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	LEROY C PARKER	1600 MILL STREET
Add			TALLAHASSEE FL 32310
x Remove			
2) Change	_		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

tach <i>additional shee</i>	ts, if necessary).	(Be specific)				
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an amendment pro rovisions for imple (if not applicable	menting the amer	ange, reclassifi ndment if not c	cation, or cancel ontained in the :	lation of issued amendment itse	shares, If:	
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	$N_{\mathcal{K}}$	
The date of each amendn date this document was sig		, if other than the
date tiiis document was sig	05/01/2023	
Effective date <u>if applicabl</u>	le:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this daton the Department of State's records.	e will not be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder action.	on and shareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s/were sufficient for approval.	;)
	were approved by the shareholders through voting groups. The following stateme vided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of v	otes cast for the amendment(s) was/were sufficient for approval	
by	·	
,	(voting group)	
Dated ⁰⁵	/01/2023	
Signature		
Signatur	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<u> </u>
	RHONDA PAUL	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	