P00000008770

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Michael S. Drew	/s, P.A.	
DOCUMENT NUMBER: P00000008770	 	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Michael S. Drews		
	Name of Contact Person	1
Drews Law Firm		
	Firm/ Company	
3603-1 Cardinal Point Driv	⁄e	
	Address	
Jacksonville, FL 32257		
	City/ State and Zip Code	3
mdrews@drewslaw.net	•	
	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
Michael S. Drews	904 at (367-8700
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad-	e payable to the Florida Depa	artment of State:
\$35 Filing Fee \$35 Status	O\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

Michael S. Drews, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P00000008770 (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 <u>MUST BE A STREET ADDRESS</u>) 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: Name of New Registered Agent (Florida street address) 3603-1 Cardinal Point Drive, Jacksonville New Registered Office Address: (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.

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)

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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
i)Change				
Add				
Remove				
2) Change		_	·	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
<u>`</u> Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change	 	-		
Add				
Remove				

wacıı adamınına She	ng additional Articles eets, if necessary). (I	Be specific) .	. • •		
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an amendment pr	ovides for an exchan	ge, reclassification	, or cancellation	of issued shares,	
orovisions for impl	ementing the amendile, indicate N/A)	ment if not contain	ed in the amend	ment itself:	
(i) not applicable	ic, marcate may				
					

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more man 20 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_ March 30, 20/7	
Signature Mumb Alama	
(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)	
Michael 5. Drews (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	