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Append.
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALVAREZ, SAMBOL & WINTHROP, P.A.					
DOCUMENT NUMBER: P000000 31 071					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Helen R. Ficarra					
Name of Contact Person					
Alvarez, Sambol & Winthrop, P.A.					
Firm/ Company					
P.O. Box 3511					
Address					
Orlando, FL 32802					
City/ State and Zip Code					
hrf@aswpa.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Helen R. Ficarra					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment Articles of Incorporation of

OI OI	
ALVAREZ, SAMBOL & WINTHROP, P.A.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P00000631071	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, tina z re	muu rrojn corporunon add	opts the following	amendmente
A. If amending name, enter the new name of the cor	poration:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the action of the	"Inc." or "Co	". A professional corporat		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	RESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		23	7
				第
			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ILED IR 28 PA
D. If amending the registered agent and/or registere	d office address	s in Florida, enter the name	e of the	22 日
new registered agent and/or the new registered of				5
Name of New Registered Agent			. ·	
	(D)			
	(Florida street	address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	•		. ,	
N. B. C. L. G. C. M. L. D. C.				
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		n 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	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>T</u>		David R. Evelev	P.O. Box 3511
Add				Orlando, FL 32802
Remove				
2) Change	Т	_	Jeffrey M. Thompson	P.O. Box 3511
Add				Orlando, FL 32802
Remove				
3) Change		_		
Add				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	-			
Remove				

ttach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:
·	

The date of each amendment(s) ad	doption: March 24, 2014	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
_{Dated} March 2	25, 2014	
Signature	PA A	
selected	irector, president or other officer — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Philip D. Storey	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	