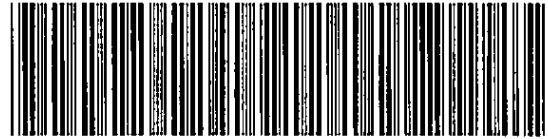


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09/21/17--01021--018 \*\*43.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Amj*  
SEP 22 2017

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: D.P. Fitzgerald, Inc.

DOCUMENT NUMBER: P00000062465

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kiera S. Fitzgerald  
Name of Contact Person  
D.P. Fitzgerald, Inc.  
Firm/ Company  
10915 NW 202nd St  
Address  
Alachua, FL 32615  
City/ State and Zip Code

kierasfitzgerald@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kiera S. Fitzgerald at ( 352 ) 246-3352  
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       \$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)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**D. P. Fitzgerald, Inc.**  
Water & Wastewater  
Process Engineering & Controls

September 19, 2017

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32303

Subject: D.P. Fitzgerald, Inc., Document Number: P00000062465

To Whom it May Concern,

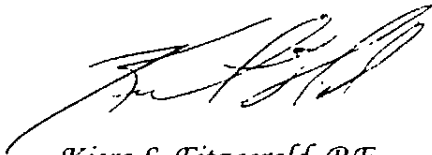
Attached please find Articles of Amendment to the Articles of Incorporation for D.P. Fitzgerald, Inc.

Please note, my husband, David P. Fitzgerald, was killed in an accident and I am now the sole surviving member of the firm and sole shareholder. As such I am replacing David P. Fitzgerald as President of the firm.

I believe I have filled the form out correctly, though I was unclear as to how to sign the form, as my former position as Director, or new position as President.

Please let me know if you have any questions.

Regards,



*Kjera S. Fitzgerald, P.E.*

D.P. Fitzgerald, Inc.

[kierasfitzgerald@gmail.com](mailto:kierasfitzgerald@gmail.com)

(352) 246-3352

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

17 SEP 21 AM 7:54

D.P. Fitzgerald, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P00000062465

(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:**

*The new 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:**

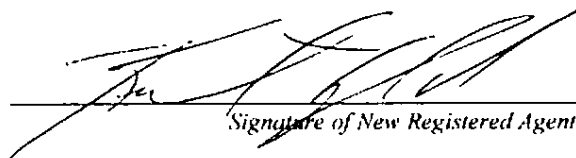
Name of New Registered Agent Kiera S. Fitzgerald

10915 NW 202nd St  
(Florida street address)

New Registered Office Address: Alachua, Florida 32615  
(City) (Zip Code)

**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:**

Change                    PT        John Doe

Remove                    V        Mike Jones

Add                        SV        Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>David P. Fitzgerald</u>	<u>Deceased</u>
<input type="checkbox"/> Add			<u>10915 NW 202nd St</u>
<input checked="" type="checkbox"/> Remove			<u>Alachua, Fl 32615</u>
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Kiera S. Fitzgerald</u>	<u>10915 NW 202nd St</u>
<input type="checkbox"/> Add			<u>Alachua, Fl 32615</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
*(Attach additional sheets, if necessary). (Be specific)*

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**F. If 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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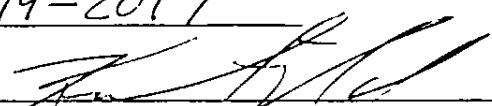
The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 \_\_\_\_\_"  
(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 9-19-2017  
Signature   
(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)

Kiera S. Fitzgerald  
\_\_\_\_\_  
(Typed or printed name of person signing)  
Director  
\_\_\_\_\_  
(Title of person signing)