P00000067509

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: A. PETIT & ASSO	OCIATES	
DOCUMENT NUM	IBER: P00000067509		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Kelley L. Ryser		
		Name of Contact Person	1
		Firm/ Company	
	585 SW Ester Ave		
		Address	
	Port St. Lucie, Florida 34983		
		City/ State and Zip Cod	e
kelk	tel1fl@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Kelley L. Ryser		at (626-1548
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check to	For 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Imment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



A. PETIT & ASSOCIATES

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

P000)0(006	75	09

nt(s) to

	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following a	mendme
A. If amending name, enter the new na	ame of the corporation:		
"Corp.," "Inc.," or Co.," or the design	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbr "Co". A professional corporation name must con	he new reviation itain the
word "chartered," "professional associa		585 SW Ester Ave	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Port St. Lucie, FL 34983	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		585 SW Ester Ave	
		Port St. Lucie, FL 34983	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	nd/or registered office ad w registered office addre Kelley L. Ryser	dress in Florida, enter the name of the ss:	
Nume of New Negasierea Agent	585 SW Ester Ave		
	(Florida	street address)	
New Registered Office Address:	Port St. Lucie	, Florida	
		(City) (Zip Cod	le)
New Registered Agent's Signature, if continue to the appointment as registered.	tered agent. Yam familia	nt: r with and accept the obligations of the position. 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 <math>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 Doe	
X Remove	Y I	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	<u>p</u>	Ann M. Petit	724 NW Bayard Ave
Add X Remove			Port St. Lucie, FL 34983
2) Change	P,VP	Kelley L. Ryser	585 SW Ester Ave
X Add			Port St. Lucie, FL 34983
Remove 3) Change	S,T	Clinton J. Petit	724 NW Bayard Ave
X Add			Port St. Lucie, FL 34983
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exct	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
hareholder Changes: 100 shares	
elley L. Ryser = 51% shares	
linton J. Petit = 49% shares	

The date of each amendment(s) adoption: date this document was signed.	, 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 block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent (
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/02/2016	
Signature Alley August	
(By a director, president or other officer - if directors or officers have not beer	1
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou	urt
appointed fiduciary by that fiduciary)	
KELLEY L RYSER	
(Typed or printed name of person signing)	
P,VP	
(Title of person signing)	