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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RITA HAMMONI	OS, CPA, P.A.	
DOCUMENT NUM	D00000077214		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	William Hammonds		
		Name of Contact Persor	1
		Firm/ Company	
	PO Box 27278		
		Address	
	Denver, CO 80227		
		City/ State and Zip Code	2
	Clients@hammondscpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
William Hammonds		at (3595301 de & Daytime Telephone Number
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	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RITA HAMMONDS, CPA, P.A.		1	195
(Name	of Corporation as currer	itly filed with the Florida Dept. of State)	•
P00000077214			
	(Document Number	of Corporation (if known)	7.
			1 (-)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		,
Hammonds & Associates, CPA, P.A.		7	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,"	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation A professional corporation name must contain	"Corp.,"
B. Enter new principal office address,	if applicable:	Hammonds & Associates, CPAs	
(Principal office address MUST BE A S		7901 4th St N # 25292	
		St. Petersburg, FL 33702	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 27278	
		Denver, CO 80227	
D. If amending the registered agent at	nd/or registered office ad	Idress in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	David Roberts		
	7901 4th St N STE 300		
	(Florida	street address)	
New Registered Office Address:	St. Petersburg	Florida 33702	
ten Registered Office Hadress.		(City) (Zip Co	de)
New Registered Agent's Signature, if o	hanging Registered Age	nt:	
I hereby accept the appointment as regis	lered agent. I am familia	r with and accept the obligations of the position.	
	David	Xoberts	
	Signature of New	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	William Hammonds	PO Box 27278
x Add			Denver, CO 80227
Remove			
2) Change	0	Rita Hammonds	PO Box 27278
Add			Denver, CO 80227
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			·····
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

((Be specific)
<u>.</u> .	
	<u> </u>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

•	01/01/2025	
The date of each amendment	(s) adoption:	_, if other than th
date this document was signed		
	01/01/2025	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	7025 J
with the contraction		-
ine number of votes	cast for the amendment(s) was/were sufficient for approval	
by	M.	•
· /	(voting group)	-
		<u>C.</u>
Dated	1/15/25	
Signature	Kita Hammands	
	y a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
ар	pointed fiduciary by that fiduciary)	
	Rita Hammonds	
	(Typed or printed name of person signing)	
	Officer	
	(Title of person signing)	