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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Bill A Mattingly PA DOCUMENT NUMBER: P00000094285 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bill A Mattingly Name of Contact Person Bill A Mattingly PA Firm/ Company 4632 Vincennes Blvd Ste 101 Address Cape Coral FL 33904 City/ State and Zip Code bill@mzacpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bill A Mattingly Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation of

Bill A Mattingly PA

P00000094285

| | Articles of Amendment to | | STORY OF THE PROPERTY OF THE P |
|--|---|---|--|
| | Articles of Incorporation | • | E Es Mar |
| | of | | |
| Bill A Mattingly PA | | | |
| (Name of Corporation as currently | filed with the Florida Dept. o | of State) | * |
| P00000094285 | | | |
| (Document Number | of Corporation (if known) | | 35 |
| Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation: | rida Statutes, this <i>Florida Profit</i> | t Corporation adopts th | ne following amendment(s) |
| A. If amending name, enter the new name of the | corporation: | | |
| Mattingly Zsebe PA | | | The new |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t | orp," "Inc," or "Co". A profe | y," or "incorporated" essional corporation n | or the abbreviation |
| 3. Enter new principal office address, if applical Principal office address MUST BE A STREET A | | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u> | <u></u> | | |
| D. If amending the registered agent and/or registered agent and/or the new registered | | a, enter the name of th | h <u>e</u> |
| Name of New Registered Agent | | | |
| | (Florida street address) | | |
| New Registered Office Address: | | , Florida | |
| | (City) | (Zi _i | p Code) |
| New Registered Agent's Signature, if changing Foundaries the hereby accept the appointment as registered agen | | ot the obligations of the | e position. |
| | | | |
| Signature of | New Registered Agent, if chang | ging | |

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>e</u> | | |
|----------------------------|----------------|----------|----------|---|---------|
| X Remove | <u>v</u> | Mike Jo | nes | | |
| _X Add | _ <u>sv</u> | Sally Sm | | | |
| Type of Action (Check One) | Title | | Name | | Address |
| 1) Change | | | | - | |
| Add | | | | , | |
| Remove | | | | | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | | | | |
| | | _ | | • | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | ···· | | | |
| Add | | | | | |
| Remove | | | | | |
| | | | | | |
| 5) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | - | | | • | |
| Remove | | | | | |

| If amending or adding additional Artic Attach <i>additional sheets, if necessary).</i> | |
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| If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| | |
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| | |

| The date of each amendment(s) a | doption: 6/17/13 |
|--|---|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ■ The amendment(s) was/were add by the shareholders was/were so | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast | t for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| ☐ The amendment(s) was/were ad action was not required. | opted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were ad action was not required. | lopted by the incorporators without shareholder action and shareholder |
| Dated | 6/17/17 |
| Signature | director, president or other officer - A directors or officers have not been |
| selecte | ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| • | (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | (Title of person signing) |