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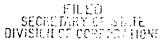
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TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: NEWLON + PIER | SALL PA | |
|--------------------------|---|--|---|
| DOCUMENT NUME | D01000000240 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | TIMOTHY NEWLON | | |
| | | Name of Contact Person | 1 |
| | NEWLON SERVICES PA | | |
| • | | Firm/ Company | |
| | PO BOX 907 | | |
| • | | Address | |
| | SAN ANTONIO, FL 33576 | | |
| | | City/ State and Zip Cod | e |
| TNEV | VLON@NEWLONCPA.COM | А | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| | | | r r |
| For further information | concerning this matter, pleas | se call: | • |
| TIM NEWLON | | 352 | 588-3844 |
| Name o | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for | r 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) |
| Ame Divi P.O. | ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314 | Amenc Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of



NEWLON+PIERSALL PA 16 JAN -8 PM 3: 26 (Name of Corporation as currently filed with the Florida Dept. of State) P01000000349 (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: NEWLON SERVICES PA 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 (Florida street address) New Registered Office Address: , Florida (Citv) (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: X Change | <u>PT</u> | John Do | <u>be</u> | |
|----------------------------|---------------------------------------|-------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | nith | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | _ | | |
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| 3) Change | | | | |
| Add | · · · · · · · · · · · · · · · · · · · | | | |
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| 4) Change | - | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
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| 6) Change | | _ | | |
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| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) ado | ption: | , if other than the |
|---|---|---------------------------|
| date this document was signed. JAN 1 | 2016 | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the Department. | ck does not meet the applicable statutory filing requirements, this date wartment of State's records. | vill not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopt by the shareholders was/were suffi | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval. | |
| | ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast fo | r the amendment(s) was/were sufficient for approval | 6 |
| by | (voting group) | H |
| | (voting group) | 1 225 |
| ■ The amendment(s) was/were adopt action was not required. | ed by the board of directors without shareholder action and shareholder | 16 JAN -8 PH 3: 26 |
| ☐ The amendment(s) was/were adopt action was not required. | ed by the incorporators without shareholder action and shareholder | . 26 |
| JAN 1, 2016 Dated | · | |
| Signature | mare | |
| (By a dire selected, | ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary) | |
| T | IMOTHY NEWLON | |
| _ | (Typed or printed name of person signing) | |
| P | RESIDENT | |
| _ | (Title of person signing) | |