## PD 100000 46187

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SECRETARY OF STATE

N/C

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ME OF CORPORATION: KIERNAN LOVING AND ASSOCIATES INC					
DOCUMENT NUM	1BER:	P01000046187				
The enclosed Article	es of Amendment and	i fee are submitte	ed for filing.			
Please return all corn	espondence concerni	ing this matter to	the following:	;		
		SUZANNE M	I. LOVING	r Pu		
, <u>.</u>		Name of Cont	act Person			
	KIERNA	·	O ASSOCIATES II	NC		
		Firm/ Cor	npany			
4619 HARBOUR NORTH CT				t .		
		Addre	SS	:		
	· 	JACKSONVILL	<del></del>			
		City/ State and		· •		
	E-mail address: (to	Suzieloving@ac be used for future a	ol.com innual report notificatio	(no		
For further informati	on concerning this m	natter, please call	:	· :		
	zanne Loving	at (	904	333-6804		
Name of	Contact Person	•	Area Code & Daytime	e Telephone Number		
Enclosed is a check	for the following amo	ount made payab	le to the Florida De	epartment of State:		
□ \$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	Cer	.75 Filing Fee & tified Copy ditional copy is enclose	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Add Amendment S Division of C P.O. Box 632	Section orporations 7	Amer Divis Clifto	t Address Indment Section It is a Corporations In Building	1		
Tallahassee, FL 32314			Executive Center C hassee, FL 32301	oncie ,		

## **Articles of Amendment Articles of Incorporation**

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TALLAHASSEE. FLORIDA

wing of KIERNAN LOVING AND ASSOCIATES INC. (Name of Corporation as currently filed with the Florida Dept. of State) P01000046187 (Document Number of Corporation (if known)

owing

A. If amending name, enter the new name of the corporat  SPENGLER LOVING AND AS	SOCIATES INC . The new
name must be distinguishable and contain the word "co abbreviation."Corp.," "Inc.," or Co.," or the designation "name must contain the word "chartered," "professional associated."	'Corp," "Inc," or "Co" A professional corporation
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 new registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address: (Flo	orida street address)
(City	•
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
Signature of Ne	ew 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) Title ' Name . Address Type of Action ☐ Add ☐ Remove ☐ Add Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

. I ne date of each amendmen	t(s) adoption: 07/06/2010	<u></u>	1
Effective date <u>if applicable</u> :	07/06/2010 (date of ad	option is required)	
	(no more than 90 days after a	mendment file date)	:
		•	<i>t</i>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		ر با
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. ere sufficient for approval.	The number of vote	es cast for the amendment(s)
	ere approved by the shareholder ed for each voting group entitle		
"The number of votes	cast for the amendment(s) was	were sufficient for a	pproval
by		.,,,	1
	(voting group)	<del></del>	• ?
action was not required.	ere adopted by the board of directives adopted by the incorporators		
action was not required.			
Dated	7-07-2010	<del></del>	1
Signature	Mesane 5	Deine	, <u> </u>
sele	a director, president or other of ected, by an incorporator – if in cointed fiduciary by that fiducian	the hands of a receiv	
	SUZAN	NE M LOVING	
	(Typed or printed	name of person sign	ing) :
	DII	RECTOR	
and the same of th	(Title of person signing		1