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DEC J J SOIR

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: FAUE T. S	EVANS AND ASSOCIATES, INC			
DOCUMENT NUMBER: PO 2 0000 8	3920			
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
FAYET.	Name of Contact Person			
FAYET. EVANS AND ASSOCIATES, INC.				
23 JACKSON	AUE N. Address			
JACKSONVILLE	City/ State and Zip Code			
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please of	call:			
FAYE T. CVANS Name of Contact Person	at (904) 219 - 7939 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made pay	rable to the Florida Department of State:			
\$35 Filing Fee \$\Bigcup \Bigcup \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

		Articles of Incorporation			
70.440	_	CVALS	V.	ALENTIN	

(Name of Corporation as currently f	Tled with the Florida Dept. of State)
P0200083920	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
L. Data in the Land of the control o	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
, , , , , , , , , , , , , , , , , , , ,	5
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. D. A	——————————————————————————————————————
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•
(Maining address Mills pp 11 1 001 011 1 20 DV.)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
mine by their regimered rigeri	
(Florida street	adaress)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
0	in and desired if how in
Signature of New Reg	ristered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	YP.	RODNEY D EVANS	9901 CISCO DE
Add Remove			JACKSONVILLE, FL
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding addit onal sheets, if no	ecessary). (B	le specific)				
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f an amendr	ment provides f	or an exchang	e, reclassifica	tion, or cance	llation of issue	d shares,	
<u>provisions fo</u> (if not a	or implementin pplicable, indica	<u>ig the amendir</u> ate N/4)	nent if not cor	itained in the	amendment its	<u>ielt:</u>	
(1) 1101 47	igriicume, maior						
			_				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
	days after amendment file date)
Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throu must be separately provided for each voting group entitled to vo	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without action was not required.	at shareholder action and shareholder
Dated 11/11/19	
Signature	
(By a director, president or other officer	
selected, by an incorporator — if in the lappointed fiduciary by that fiduciary)	nands of a receiver, trustee, or other court
Faye	T, Evans me of person signing)
	sident
	
(Title of	person signing)