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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION:	C. DAV	16 + ASSOCIA	res, P.A.
DOCUMENT NUMBER: P	02000	090401	<u> </u>
The enclosed Articles of Amendmen	u and fee are sul	bmitted for filing.	
Please return all correspondence con	cerning this mat	tter to the following:	
Cas	5000 Fib.	Address City/ State and Zip Cod	P. FLORIDA 32003
SEL E-mail ad	L SMAR idress: (to be us	TBUY RIGHT led for future annual report	@ GM41L.COM notification)
For further information concerning the	his matter, pleas	e call:	
INGRIO ANN Name of Contact Per	DAYIS	at (904	de & Daytime Telephone Number
			· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following	g amount made p	payable to the Florida Depa	arthent of State.
•	Filing Fee & cate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section			Iment Section
Division of Corpor	rations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32	214		Building
i alialiassee, PL 32	~7 T.pt	2001 E	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

File O. BiVit, Aurolate (*2)

15 NOV 18 PM 2: 49 (Name of Corporation as currently filed with the Florida Dept. of State) (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: PAVIS + ASSOCIATES 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 (City) (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.

X Change	PT Jol	hn Doe			
X Remove	<u>V</u> <u>Mi</u>	ke Jones			
X Add	<u>SV</u> <u>Sa</u>	lly Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1)Change				<u> </u>	
Add				•	
Remove					
2) Change			$-\Lambda$	_/]	
Add				M	_
Remove			, /	· · · · · · · · · · · · · · · · · · ·	
3) Change				_	
Add				 	
Remove					
4)Change					
Add					
Remove					
5) Change				_	
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary).	(Be specific)
	NA
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares. Endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment usen.
	A C A
	,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	15 NOV 18 PM 2: 49
(no more than 90 days after amenament file date)	10 110 1 11 2 19
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following star must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voung group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ar
Dated November 14, 2015	
Signature Cl. Danis A	
(By a director, president or other officer – if directors or officers have not b	een
selected, by an incorporator - if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fiduciary)	
CHARLES R. DAVIS PR.	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	