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K. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations Coamey & Clark, P.A.
P8284\$125495 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Edward Coamey
Name of Contact Person Edward Company CPA
Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 492-8796.

Area Code & Daytime Telephone Number 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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	Articles of Amendment	12 001 12 111 0.00
	to Articles of Incorporation	CONTRACTOR CONTRACTOR
Coo	inspired Clark	ALLAMASSEE, FLERIDA
	poration as currently filed with the	Se Florida Dent of State)
(Manne of Cor	P 62 666 125495	
(Document Number of Corporation	
	·	
rsuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment
If amending name, enter the new name of	the corporation:	
E	Edward Coamay (CPA, P.A. The new
ime must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	ne word "corporation," "company "Corp," "Inc," or "Co". A profe	y," or "incorporated" or the abbreviation
Enter new principal office address, if apprincipal office address MUST BE A STREE	licable: TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
If amending the registered agent and/or r	egistered office address in Florids	enter the name of the
new registered agent and/or the new regis		denter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
B 14 14 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	B 1. 14 .	
w Registered Agent's Signature, if changistereby accept the appointment as registered a	ng Kegistered Agent: gent. I am familiar with and accer	ot the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	G G	and the second s

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change			184877 CHICAGO AND	
Add				
Remove				
2) Change				
Add	-	_		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-4	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 0 7 2 0 15 Signature	
Signature	
(By a director, president or other officer — at directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	