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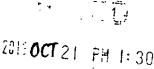
TO: Amendment Section Division of Corporations

. . . .

NAME OF CORPOR	ATION: Akers and Ass	sociates, Inc.	
DOCUMENT NUMB	ER: P03000005094		
	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
;	Marie O Akers		
_		Name of Contact Perso	yn .
	lim Akers and Associates, In	ne	
_		Firm/ Company	<del></del>
	5817 Southpoint Parkway S	• •	
_	-	Address	· · · · · · · · · · · · · · · · · · ·
1	lacksonville, Florida 32216	Address	
<del>-</del>		City/ State and Zip Coc	
		City/ State and Zip Coc	ie.
akersn	io@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Marie O Akers		904	233-4826
	*Contact Person	at (	233-4826 ode & Daytime Telephone Number
Name of	Contact / Cison	Aica Co	de de Bayanne Telephone Number
Enclosed is a check for	the following amount made:	payable to the Florida Dep	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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Jim Akers and Associates, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P03000005094 (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: NΛ 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. NΛ B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NΑ (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: Marie O Akers Name of New Registered Agent 6817 Southpoint Parkway, Suite 1304 (Florida street address) Jacksonville New Registered Office Address: (City)

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.

Marie O. Ober
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 Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSD	Marie O. Akers	6817 Southpoint Parkway
X Add			Suite 1301
Remove			Jacksonville, FL 32216
2) Change	PST	James E Akers	Deceased
Add			
X Remove			
3 ) Change		<u> </u>	
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change		_	
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

	if necessary).	les, enter change (Be specific)			
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If an amendment provid	des for an excha	inge, reclassificat	ion, or cancellatio	on of issued shares	•
provisions for impleme	enting the amen	dment if not cont	ained in the amen	ndment itself:	_
(if not applicable, ir	ndicate N/A)				
Λ					
	<u> </u>			<u> </u>	
					<del></del>

The date of each amendment(s) ado	10-18-2019 ption:	, if other than the
date this document was signed.		
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 will attment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ 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 ich voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
10-18-2019 Dated		
Signature	marie O. Ohen	
(By a dire selected,	ctor, 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 fiduciary by that fiduciary)	_
М	arie O Akers	
_	(Typed or printed name of person signing)	<del></del>
Pı	esident	
	(Title of person signing)	