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胸 0CT -7 AH 10: 26 SECRETARY OF STATE JALLAHASSEE, FLORDA

OCT 15 2013

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: David J. Heekin, P.A. DOCUMENT NUMBER: P03000117023 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David J. Heekin Name of Contact Person David J. Heekin, P.A. Firm/ Company Address Jacksonville, FL 32216 City/ State and Zip Code david@landmarktitleinsurance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David J. Heekin Name of Contact Person 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 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

David J. Heekin, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000117023

SECRETARY OF STATES TALLAHASSEE, FLORIDA ...

(Document Number of Corporation (if known)

ent(s) to

Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torrow States, this 1 tor	I roju corporanou a	aopts the following amendi.
A. If amending name, enter the new name of t	the corporation:		
Heekin Law, P.A.			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "Co"	. A professional corpor	orated" or the abbreviatio
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
		- through the same of the same	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
	_		
D. If amending the registered agent and/or re-		n Florida, enter the nar	ne of the
new registered agent and/or the new regist	ered office address:		
Name of New Registered Agent	********		-
	(Florida street a	ddress)	
N B 1000		·	
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		and accept the obligation	s of the position.
Signature	of New Registered Agen	t. 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				-
2) Change		_	18.16	
Add				
Remove				
3) Change		_	4 ,	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
Problem	

If an amendment provides for an evolu-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	And the state of t
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 10/3/13 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	_
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	
Signature 3	
(By a director, president or other officer – if 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)	_