## PBAD118419

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SECRETATE OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LIVENGOOD & ASSOCIATES, INC. P03000118419 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUCILE O LIVENGOOD Name of Contact Person LIVENGOOD & ASSOCIATES, INC Pirm/ Company 10521 SPRING HILL DRIVE Address SPRING HILL FL 34608 City/ State and Zip Code binsura6@tampabay.rr.com E-mail address: (to be used for future armual report notification) For further information concerning this matter, please call: LUCILE O LIVENGOOD at (\_\_\_\_\_\_) 686-0444 Name of Contact Person Area Code & Deytime 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 & □\$52.50 Filing Pee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Malling Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, PL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LIVENGOOD & ASSOCIATES, INC. (Name of Corporation as currently filed with the Florida Deot. of State) P03000118419 (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: 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: PAUL H NESSLER JR PA Name of New Registered Agent 10002 CORTEZ BLVD (Florida street address) SPRING HILL New Registered Office Address: (Cty) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as regimered 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.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			a a and a an
δ) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Attach additional sh	eets, if necessary). (Be:	specific)			
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	06-20-2018	
The date of each amendment(s) adoption date this document was signed.	·	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file dats)	
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
The amendment(s) was/were approved by must be separately provided for each vo	y the shareholders through voting groups. The following statement sting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
06-20-2018 Dated		
Signature Luc	ile o Swepand	
	president or other officer - if directors or officers have not been	
	incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
LUCILI	e o Livengood	
	(Typed or printed name of person signing)	<del></del>
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<del></del>	(Title of person signing)	<del></del>