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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: Murre	ell Weissinger, Pf	A
DOCUMENT NUMBE	R:P040	00009127	
The enclosed Articles of	Amendment and fee are	submitted for filing.	
Please return all correspo	ndence concerning this i	matter to the following:	
	Sheila	Brown ne of Contact Person	
	Nan	ne of Contact Person	
	Kresge, Pla	tt & Abare, Plu	_
		Firm/ Company	
1	200 Plantat	ion Island Dr. S	He. 230
		Address	
·	St. Augustine	5 5 32080 / State and Zip Code	
	City	/ State and Zip Code	
«	sbrown @ K	Paypa.com	
	E-mail address: (to be used for	or future annual report notification)	
For further information co			
Sheila	Brown	at (SO4) 460 Area Code & Daytime Tel	-0747
Name of Cont	act Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for th	e following amount mad	le payable to the Florida Depar	tment of State:
_	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)
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

Articles of Inco	orporation
Murrell Weissinger	, PA,
(Name of Corporation as currently filed with	
P04000009127	
(Document Number of Corporate	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	<u>n:</u>
Mary Elizabeth Murrell Weiss	inger PA The new
Mary Elizabeth Murrell Weiss name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional association in the word "corp."	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	31107 Harbour Vista Circle
(Principal office address MUST BE A STREET ADDRESS)	31107 Harbour Vista Circle 5t. Augustine, FL 32080
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	31107 Harbour Vista Circle
	31107 Harbour Vista Circle St. Augustine, FL 32080
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address: (Flori	da street address)
	, Florida
(City)	(Zin Code)
New Registered Agent's Signature, if changing Registered A	gent:
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the poster.
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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
	· · · · · · · · · · · · · · · · · · ·		☐ Add ☐ Remove
(attach d	nding or adding additional Article additional sheets, if necessary). (1	Be specific)	
			
<u>provis</u>	mendment provides for an excha- ions for implementing the amend- not applicable, indicate N/A)	nge, reclassification, or cancell ment if not contained in the am	ation of issued shares, sendment itself:

The date of each amendment(s) adoption:	8	lι	aoil
(date of adoption is required)			
Effective date if applicable:	(ware of amop.	,,,,,	
(no more than 90 c	days after ame	ndn	nent file date)
Adoption of Amendment(s) (CHEC	CK ONE)		
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	areholders. Toroval.	he r	number of votes cast for the amendment(s)
The amendment(s) was/were approved by the s must be separately provided for each voting gr			
"The number of votes cast for the amendm	ent(s) was/we	re s	sufficient for approval
by			,,,
(voting group)			
 The amendment(s) was/were adopted by the boaction was not required. The amendment(s) was/were adopted by the ineaction was not required. 			
	ator – if in the		if directors or officers have not been nds of a receiver, trustee, or other court
Mary El (Typed	izabeth or printed na	me	duccell Weissinger of person signing)
Presiden	nt		
(Title of pe	erson signing)		