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COVER LETTER

Division of Corporations David M. Schweiger PA NAME OF CORPORATION: P04000011718 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David M. Schweiger Name of Contact Person David M Schweiger PA Firm/ Company 2455 E. Sunrise Blvd., Suite 1000 Address Fort Lauderdale, FL 33304 City/ State and Zip Code dmspa66@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David M. Schweiger

Enclosed is a check for the following amount made payable to the Florida Department of State:

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TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name of Contact Person

Street Address

□\$43.75 Filing Fee &

(Additional copy is

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enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

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Certificate of Status

Articles of Amendment to Articles of Incorporation of

DAVID M. SCHWEIGER PA

(Name of Corporation as curren	atly filed with the Florid 00011718	da Dept. of State)	
	of Corporation (if know	n) ·	··········
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corpor	ation adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MA	3 50	<u> </u>
· mequi office didites into a real transfer abbress)			\$ <u>T</u>
			3 E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	4 N 2	₽ 0
			4 2 2
		· · · · · · · · · · · · · · · · · · ·	
 If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address 	dress in Florida, enter (ss:	the name of the	
Name of New Registered Agent 1			_
(Florida s	treet address)		_
New Registered Office Address: LAA		. Florida	
	(City)	,,	Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	t: with and accept the obl	igations of the position.	
Signature of New	Registered Agent if cha	naina	_

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 D	<u>Ooc</u>	
X Remove	<u>v</u>	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	V	_	Stacey J. Schweiger	2424 NE 26th Terrace
XAdd				Fort Lauderdale, FL 33305
Remove				
2) Change	 			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_	•	
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	eles, enter change(s) l (Be specific)	<u>iere</u> :		-
N/A				

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10 mark 10 mar			<u> </u>	
Manager II.				
<u> </u>				
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			•	
F. If an amendment provides for an excha	ange, reclassification	, or cancellation of iss	sued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contain	ed in the amendment	itself:	
U P				
4/P				·· <u>-</u>
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7,				
			<u> </u>	

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable:	
(no more t	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE	
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	s. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entite	rs through voting groups. The following statement led to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was	as/were sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporator action was not required.	rs without shareholder action and shareholder
September 3, 2017	
DatedSignature	
(By a director, president or other	er officer – if directors or officers have not been f in the hands of a receiver, trustee, or other court aciary)
Davis M	inted name of person signing)
(Typed or pr	rinted name of person signing)
Pre	SideNT
	(Title of person signing)