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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: BOB FRIED		OCIATES, INC			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this mat	tter to the following:				
	Susan Friedopfer					
_	Name of Contact Person					
	Bob Friedopfer & Associates, Inc					
_	Firm/ Company					
•	1544 Island Way					
_	Address					
1	Weston, FL 33326					
_		City/ State and Zip Code	2			
Sus	anfo2000@aol.co	om				
		ed for future annual report	notification)			
	concerning this matter, pleas	e call:				
Susan Friedopfer		_{at (} 954	232 7882			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ertment 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation

of

FILED

15 JAN 13 AH 11:52

BOB FRIEDOPFER & ASSOCIATES, INC

(Name of Corporation as currently filed with the Florida Dept. of State) ADLANASSEL, IL UNIDA

P04000144714 (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: The new 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: Gary L. Brown Name of New Registered Agent 4000 Hollywood Blvd, Suite S 265 (Florida street address) Hollywood (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Lam 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 <math>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	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	PD	Susan P. Friedopfer	1544 Island Way	
Add			Weston, Florida 33326	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

				
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an amendment provides for an excl	ıange, reclassification	, or cancellation	of issued shares,	
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contair	ned in the ameno	lment itself:	
(y not applicable, maleule IVA)				
		. =		

The date of each amendment(s) adoption: January 1, 2015 date this document was signed.	, if other than the
Effective date if applicable:	
	after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	nting groups. The following statement parately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
The amendment(s) was/were adopted by the board of directors withou action was not required.	t shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated January 6 2015	
Signature 1 100 = 1	Whools
(By a director, president or other officer - if	
sefected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
Susan P. Friedopfer	
(Typed or printed	name of person signing)
President	
(Title of p	erson signing)