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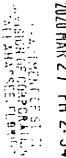
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Deborah S. Poinde	exter, P.A.		
DOCUMENT NUM	DOSOO0025146			
The enclosed Articles	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corre	espondence concerning this ma	atter to the follo	owing:	
	Deborah S.F. Poindexter			
		Name of Co	ontact Person	1
	Poindexter Law, P.A.			
		Firm/ (Company	
	1005 Delridge Avenue			
	· · · · · · · · · · · · · · · · · · ·	Ad	dress	
	Orlando, FL 32804			
		City/ State	and Zip Code	e
	Deborah@PoindexterLaw.co	om		
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	on concerning this matter, plea	se call:	407	478-1001
Name	of Contact Person	at (de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additiona enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

DEBORAH S. POINDEXTER, P.A.

(Name	of Corporation as curren	tly filed with the Florida Dept. of Sta		-
P05000025146	•	-		
	(Document Number	of Corporation (if known)		_
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	: following amendment(s)	to
A. If amending name, enter the new name POINDEXTER LAW, P.A.	ame of the corporation:		77	
name must be distinguishable and contain "Inc.," or Co" or the designation "Correlation," "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation name mu	The new bbreviation "Corp.," ist contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1005 DELRIDGE AVENUE		
		ORLANDO, FL 32804		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)	icable: OFFICE BOX)	1005 DELRIDGE AVENUE	202	
· · · · · · · · · · · · · · · · · · ·		ORLANDO, FL 32804	To E T	
			2 P	į
D. If amending the registered agent an new registered agent and/or the new			PH 2: 5)
Name of New Registered Agent				
	1005 DELRIDGE AVEN		<u></u>	
New Registered Office Address:	ORLANDO	treet address) . Florida	32804	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	nt: with and accept the obligations of the p	position.	
	Signature of Nove	Registered Agent, if changing		
	ingilatore of french	negationed rigorit, if changing		

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>ee</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	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_	<u> </u>	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<u> </u>
· ·	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amer		, if other than the
date this document was		
Effective date if applic	MARCH 1, 2020	
<u>п арри</u>	(no more than 90 days after amendment file date)	
Note: If the date inser document's effective date	ted in this block does not meet the applicable statutory filing requirements, this date wate on the Department of State's records.	vill not be listed as t
Adoption of Amendm	ent(s) (<u>CHECK ONE</u>)	
■ The amendment(s) vaction was not requi	was/were adopted by the incorporators, or board of directors without shareholder action a red.	nd shareholder
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):	
"The number of	of votes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Signa	The office of the second of th	
Ū	(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)	
	DEBORAH S.F. POINDEXTER	
	(Typed or printed name of person signing)	 _
	PRESIDENT	
	(Title of person signing)	