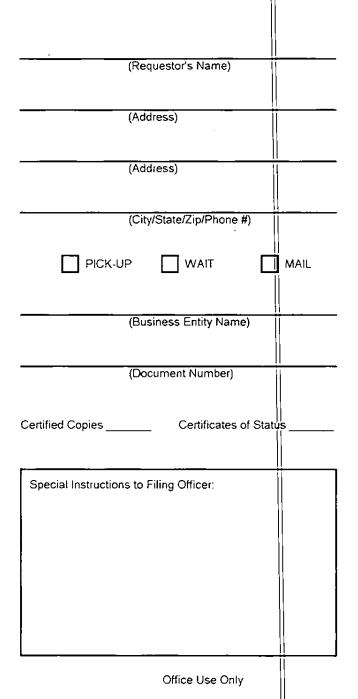
## P0500153335





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C. GOLDEN SEP 1 9 2017

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Durant, Schoen	opel, Decunto & Ratchford, P.A.
DOCUMENT NUMBER: P05000153335	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
C. Popham Decunto	
	Name of Contact Person
Durant, Schoeppel, Decu	nto & Ratchford, P.A.
	Firm/ Company
6550 St. Augustine Road	Suite 105
	Address
Jacksonville, Florida 322	217
	City/ State and Zip Code
pdecunto@ds-law.net	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, g	lease call:
C. Popham Decunto	at (904 ) 652-2600
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee	II
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

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Durant, Schoepper, Decunto & Ratchton	a, P.A		ZVI	1 361 10 11111
(Name	of Corporation as cu	rrently filed with the Flo	orida Dept. of State)	il vird
P05000153335			 [AL	LAJASSEE PLON
	(Document Nur	nber of Corporation (if kn	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statute	s, this <i>Florida Profit Cor</i>	poration adopts the fol	llowing amendment(s) to
A. If amending name, enter the new n	 ame of the corporati	on:		
Durant, Schoeppel & Decunto, P.A.				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation (Corp. " "Inc.	" or "Co". A profession		the abbreviation
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S		1	• • • • • • • • • • • • • • • • • • • •	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new Name of Name Registered Agent.	OFFICE BOX)  nd/or registered offic	ddress:	ter the name of the	
Name of New Registered Agent	- 1	<del></del>		<del></del>
		Road, Suite 105, Jackson	ville, Florida 32217	
	(Flo	rida street address)		
New Registered Office Address:			, Florida	
Name Productional & gamble Signature of a		(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis			obligations of the vos	ition.
	CPOS	New Registered Agent, if		

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 FTD.

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

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		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	   <u>me</u> 	<u>Addres</u> s
1) Change	VP		Casey Ratchford	6550 St. Augustine Road, Ste. 105
Add				Jacksonville, FL 32217
Remove				
2) X Change	VPD	C.	Popham Decunto	6550 St. Augustine Road, Ste. 105
Add				Jacksonville, FL 32217
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				<del> </del>
6) Change				
Add				
Remove				
Keniove			11	<del></del>

If amending or adding additional Art	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
<del></del>	
<u> </u>	ii ii
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del>-</del> .	<u> </u>
·	

The date of each amendment(s) adoption: date this document was signed.		, if other than the
September 28	   <b>20</b> 17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date wof State's records.	rill not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) approval.	
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	 nendment(s) was/were sufficient for approval 	
by	,,,	
ſ	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder	
September 15, 2017 Dated		
Signature CPC		
(By a director, pr selected, by an ir	resident or other officer – if directors or officers have not been accorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
C. Popha	 am Decunto	
	(Typed or printed name of person signing)	
Vice Pre	 sident 	
	(Title of person signing)	<del></del>