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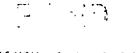
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	FION: MANAGED ACC	OUNTING PROFESSION	ALS INC		
DOCUMENT NUMBER					
	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ndence concerning this ma	tter to the following:			
CI	IARLES A CUTHBERTS	ON			
**		Name of Contact Persor	1		
М	MANAGED ACCOUNTING PROFESSIONALS INC				
_		Firm/ Company			
12	857 BAY PLANTATION				
_		Address			
JA	CKSONVILLE, FL 3222,	3			
	*	City/ State and Zip Code	<u> </u>		
СНИСК	@CUTHBERTSONAND.	ASSOCIATES.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information co	oncerning this matter, pleas	se call:			
CHARLES A CUTHBERTSON		9()4 at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fifing 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



MANAGED ACCOUNTING PROFESSIONALS INC.

2015 NOV -6 PH 12: 26

	of Corporation as curre	ntly filed with the Florida Dept. of State)
P06000041694		
	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
D. Untur many majority I. 66 a d.d.	:e!:L1	N/A
B. Enter new principal office address, (Principal office address MUST BE A S		
· · · · · · · · · · · · · · · · · · ·		
42 - Parker and a 12 - 11 - 16 - 1		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A
	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent ar	nd/or registered office ad	ldress in Florida, enter the name of the
new registered agent and/or the ne		
Signa of New Panishrad Agent	CHARLES A CUTHBE	RTSON
Name of New Registered Agent		TON DP
	12857 BAY PLANTAT	
	(Florida street address)	
New Registered Office Address:	JACKSONVILLE	, Florida 32223
		(City) (Zip Code)
New Registered Agent's Signature, if c	hunging Registered Age	nt.
I hereby accept the appointment as regist	tered agent. I am familia.	r with and accept the obligations of the position.
	1 11	
//	1. 1-A	
	want col	
	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 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 Doe		
X Remove	$\underline{\mathbf{V}}$	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	I _A I.	SUSAN L CUTHBERTSON	12857 BAY PLANTATION DR	
Add			JACKSONVILLE, FL 32223	
X Remove				
2) X Change	PVTS	CHARLES A CUTHBERTSON	12857 BAY PLANTATION DR	
Add			JACKSONVILLE, FL 32223	
Remove				
3) Change			 -	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			****	
Add				
Remove				

(At	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)
N/A	
. 16.	a amondment provides for an archange reclassification as consultation of installaboration
. <u>11 2</u> DI	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A	
	

	OCTOBER 5, 2019	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	WALLANDE A SOLO	
Effective date if applicable:	OVEMBER 4, 2019	
	(no more than 90 days after	amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statuto Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting proving the separation of the separation of the separation is a separation of the separation o	groups. The following statement ely on the amendment(s):
	ist for the amendment(s) was/were sufficient (• •
by	(voting group)	
•	(voting group)	·
action was not required.	dopted by the board of directors without shar	
The amendment(s) was/were a action was not required.	dopted by the incorporators without sharehol	der action und shareholder
Dated	BER 5, 2019	
Signature	they one	
selec	director, president or other officer – if direct ted, by an incorporator – if in the hands of a inted fiduciary by that fiduciary)	
	CHARLES A CUTHBERTSON	
	(Typed or printed name of pers	on signing)
	VICE PRESIDENT	
	(Title of person sign	ning)

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