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TO: Amendment Section Division of Corporations

NAME OF CORF	PORATION: THE SHEA	GROUP, P. A.	9
DOCUMENT NU	mber: <u>P06000156</u>	593	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
	(Name	Mike Shea of Contact Person)	
	(Fit	rm/ Company)	
	10109	9 Marsh Pine Circle (Address)	
		lando, FL 32832 tate and Zip Code)	
For further informa	ation concerning this matter,	please call:	
Mike Shea (Nam	e of Contact Person)	at (<u>321</u>) <u>287-03</u> (Area Code & Daytin	49 ne Telephone Number)
Enclosed is a chec	k for the following amount n	nade payable to the Florida D	epartment 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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation



THE SHEA GROUP P. A. (Name of Corporation as currently filed with one Florida Dept. of State)			
P06000156593 (Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation:			
MICHAEL SHEA, P. A. 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:			
Name of New Registered Agent:			
New Registered Office Address: (Florida street address)			
, Florida			
(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am 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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add

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	ding or adding additional Articles,		
(attach d	additional sheets, if necessary). (Be	specific)	
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	<u>_</u>		
F Ifon a		n matassification on some	lation of insued above
	mendment provides for an exchange ions for implementing the amendments		
(if	not applicable, indicate N/A)		
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The date of each amendment(s) adoption:				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):			
"The number of votes	cast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
	(voime group)			
The amendment(s) was/wes action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated	16/K &-			
Signature	Ilk &			
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court			
арр	ointed fiduciary by that fiduciary)			
	MICHAEL SHEA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			