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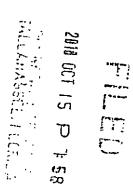
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	

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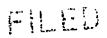
COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Fugleberg Koch, PA DOCUMENT NUMBER: P07000018484 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karen Durrance Name of Contact Person Fugleberg Koch Firm/ Company 2555 Temple Trail Address Winter Park, Florida 32789 City/ State and Zip Code terryw@fuglebergkoch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 629-0595
Area Code & Daytime Telephone Number Karen Durrance Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the FI	orida Dept. of State
P07000018484	
(Document Number of Corporation (if kn	nown) Industrial Control of the Cont
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Cor</i> its Articles of Incorporation:	eporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," o "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	· · · · · · · · · · · · · · · · · · ·
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, ent new registered agent and/or the new registered office address:	ter the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zıp 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	

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	<u>v</u>	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	VP	Patrick D Fitch	2555 Temple Trail
Add			Winter Park, Fl 32789
x Remove			
2) Change	VP	Michael Gove	2555 Temple Trail
x Add			Winter Park, Florida 32789
Remove			
3) Change			
Add			
Remove			
4) Change		_	<u> </u>
Add			
Remove			
5) Change			····
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	<u> </u>

10/09/2018	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/9/18 Signature XIIII Control of the state of the	
(By a director, president or other officer of 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)	_
James E Kelley, JR	
(Typed or printed hame of person signing)	
President AMA COLLARS.	
(Title of person signing)	