P08000026647

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DOWNS GROUP	OF PROFESSIONAL S	ERVICES, INC		
DOCUMENT NUM	BER: P080000266	647			
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	tter to the following:			
	ANTONIETTA	DOWNS			
	Name of Contact Person				
	DOWNS GROUP OF PROFESSIONAL SERVICES, INC				
	Firm/ Company 4317 161 STREET APT 1				
	1017 101 0111	Address			
	FLUSHING, N				
		City/ State and Zip Code	c		
D	OWNSJASON@	ACMAIL COM			
<u> </u>		sed for future annual report			
	c-man audress. (to be us	sed for future annual report	nortication)		
For further information	on concerning this matter, pleas	se call:			
JONATHA	JONATHAN CONVERY <u>at (386</u>) 445-4997				
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Mailing Address Street Address					
Amendment Section		Amendment Section			
	vision of Corporations), Box 6327	Division of Corporations Clifton Building			
	lahassee, FL 32314	2661 Executive Center Circle			
l alignassee, 1 to 363 (4		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

DOWNS GROUP OF PROFESSIONAL SERVICES, INC. 14 JUL -2 AM 10: 32

(Name of Corporation as currently filed with the Florida Dept. of State) P08000026647

(Document Number of Corporation (if known)

mendment(s) to

"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A	mpany," or "ince professional corp	orporated" or the al poration name must c
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>		N OLD KIN	GS RD STE E
	PA	LM COAST	FL 32137
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	TE ROX)		
(<u></u>		N OLD KINGS	RD STE E
	PA	LM COAST,	FL 32137
D. If amending the registered agent and/or re	gistered office address in l	lorida, enter the	name of the
new registered agent and/or the new regis	tered office address: RNIER & WEBBER	, LLC	
Name of New Registered Agent BAF		<u> </u>	
Name of New Registered Agent 17 N	RNIER & WEBBER	STE E	

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change	Р	JASON DOWNS	53 PAUL LANE
Add			PALM COAST, FL 32164
Remove			
2) Change	D	JASON DOWNS	53 PAUL LANE
Add			PALM COAST, FL 32164
Remove			
3) Change	P	ANTONIETTA DOWNS	4317 161 STREET APT 1
Add		<u> </u>	FLUSHING, NY 11354
Remove			
4) Change	D	ANTONIETTA DOWNS	4317 161 STREET APT 1
Add			FLUSHING, NY 11354
Remove			
5) Change	<u>T</u>	ANTONIETTA DOWNS	4317 161 STREET APT 1
Add			FLUSHING, NY 11354
Remove			
6) Change	s	ANTONIETTA DOWNS	4317 161 STREET APT 1
Add			FLUSHING, NY 11354
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	amending or adding additional Arti- tach additional sheets, if necessary).	(Be specific)	·		
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(y not applicable, malcule (MA)	rovisions for implementing the ame	ndment if not cor	ntained in the ar	nendment itself:	
	(i) not applicable, malcule (MA)				
		-			

date this document was signed		_, ii other than thi
Effective date if applicable:	6/20/14	
is applicable.	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we 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_6/20	0/14	
Signature _	antito plan	_
•	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
a	ppointed fiduciary by that fiduciary)	
	ANTONIETTA DOWNS	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	-