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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Shepard & Smith, I	² .A.	<u></u>
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Lisa Hoskins		
		Name of Contact Persor	1
	Shepard & Smith, P.A.		
	<u> </u>	Firm/ Company	
	2300 Maitland Center Pkwy.,	Suite 100	
	-	Address	
	Maitland, FL. 32751		
		City/ State and Zip Code	2
lhoeki	ins@shepardfirm.com		
		sed for future annual report	notification)
			·
For further information	i concerning this matter, pleas	se call:	
Lisa Hoskins		407 at (de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	irtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations (Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Shepard & Smith, P.A.			
(Name of Corpora	ation as currently filed with the F	lorida Dept. of State)	
P08000030130			
(Doc	ument Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amen	idment(
A. If amending name, enter the new name of the	corporation:		
		The	nar
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A professio	or "incorporated" or the abbrevie	ation
B. <u>Enter new principal office address, if applical</u> (Principal office address <u>MUST BE A STREET A</u>)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE E</u>	<u>BOX</u>)		
D. If amending the registered agent and/or regis new registered agent and/or the new registered		nter the name of the	
Name of New Registered Agent			
-	(Florida street address)		
New Registered Office Address:		. Florida	
New Megister Conference Than 135.	(Cuy)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		w obligations of the position	
тегоў ассертые арролижні из гедмого иделі	i. Tunijuminui siin una accept ii	it oringularis by the position.	
	ignature 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.

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>	Name	<u>Addres</u> s		
1) Change	D	Andrew J. Hand	2300 Maitland Center Pkwy.		
X Add			Suite 100		
Remove			Maitland, Fl., 32751		
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
51 Change					
Add					
Remove					
6) Change					
Add					
Remare					

(Attach <i>ao</i>	g or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
fan am	iment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provisio</u>	for implementing the amendment if not contained in the amendment itself:	
(if n	applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other than	n the
date this document was signed.	
June 1, 2017	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	s the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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. 	
Signature (By refrector, president or other officer – if 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) (Typed or printed name of person signing) Director	
(Title of person signing)	