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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Consideration to Ellino Office |
| Special Instructions to Filing Officer: |
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COTENDELLER

TO: Amendment Section
Division of Corporations

| NAME OF CORI | PORATION: | CUTSHALL & GARDNEF | R, P.A. |
|--|--|--|---|
| DOCUMENT NUMBER: | | P08000047550 | |
| The enclosed Artic | cles of Amendment and fe | ee are submitted for filing. | |
| Please return all co | orrespondence concerning | this matter to the following: | |
| | SE | AN C. CUTSHALL, ESQ. | |
| | | Name of Contact Person | |
| | | Firm/ Company | |
| | 47 | 76 HWY A1A, SUITE 4F Address | |
| | SAT | ELLITE BEACH, FL 32937 | |
| | SAII | City/ State and Zip Code | |
| | Sear E-mail address: (to be | cutshall@mac.com used for future annual report notification) | |
| For further informa | ation concerning this matt | er, please call: | |
| SEA Name | AN C. CUTSHALL of Contact Person | at (321) 6 Area Code & Daytime Te | 522-4760 elephone Number |
| Enclosed is a check | k for the following amoun | t made payable to the Florida Depar | rtment of State: |
| \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | S43.75 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 Division of Corporations | | Amendment Section Division of Corporations | |
| P.O. Box 6327 | | Clifton Building | |
| Tallahassee FI 32314 | | 2661 Evecutive Center Circ | ام |

Tallahassee, FL 32301

ALUCIO VI AUCHUMEM

to

Articles of Incorporation

| · · of | • | ONISION AND STATE OF |
|--|---------------------------------|---|
| CUTSHALL & GARDNI | ER, P.A. | SIME SIME |
| (Name of Corporation as currently filed with | the Florida Dept. of State) | TO NOV 12 PM. |
| P08000047550 | 1 | , 11 1:50 |
| (Document Number of Corpora | tion (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation: | tes, this Florida Profit Corp | oration adopts the following |
| A. If amending name, enter the new name of the corporation | on: | |
| THE CUTSHALL LAW FII | RM. P.A. | The new |
| name must be distinguishable and contain the word "corabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associated" | Corp," "Inc," or "Co". A pr | ofessional corporation |
| B. Enter new principal office address, if applicable: | 476 HWY A1A | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) . | SUITE 4F | |
| | SATELLITE BEACH, FI | <u> 32937</u> |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 476 HWY A1A | |
| | SUITE 4F | |
| | SATELLITE BEACH, FL | 32937 |
| D. <u>If amending the registered agent and/or registered office</u> | | ne name of the |
| new registered agent and/or the new registered office ad | <u>dress:</u> | |
| Name of New Registered Agent: | | |
| New Registered Office Address: (Flor | ida street address) | |
| | , FI | lorida |
| (City, | (Zip Cod | lorida de) |
| New Registered Agent's Signature, if changing Registered A | | |
| I hereby accept the appointment as registered agent. I am fam | iliar with and accept the oblig | gations of the position. |
| - | | |
| Signature of New | Registered Agent, if changin | q |

| removed a | nd title, name, and address of each (| Officer and/or Director being added: | meetor peing |
|--------------|--|--|--------------------------|
| (Attach ada | litional sheets, if necessary) | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| P | LINDSEY GARDNER | 730 E. STRAWBRIDGE AVE SUITE 200 MELBOURNE, FL 32901 | _ ☐ Add _ ☐ Remove |
| <u>P</u> | SEAN C. CUTSALL | 476 HWY A1A SUITE 4F SATELLITE BEACH, FL 32937 | _ Remove |
| | | | _ |
| | ding or adding additional Articles, endditional sheets, if necessary). (Be a | | |
| | | | |
| provisi | mendment provides for an exchangions for implementing the amendmenot applicable, indicate N/A) | e, reclassification, or cancellation of is nt if not contained in the amendment | ssued shares, itself: |
| | | | |
| | | | |

| ane also or each amenament | 3/16/09 |
|--|--|
| · · ·/ | (date of adoption is required) |
| Effective date <u>if applicable:</u> | 9/16/09 (no more than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/weby 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) |
| 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 | 9/16/09 |
| Signature | |
| (By sele | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | VICE PLESIDENT |
| | (Title of person signing) |