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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

The Reed Law Office P.A. NAME OF CORPORATION: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kimberly D. Reed he Reed Law Office, P. H. 1328 Jenks AVe Address Panama City FL 32401 City/ State and Zip Code Semin Dles @ Reagan. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>85D</u>) <u>914-9455</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & \$52.50 Filing Fee 又 \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

The Re	ed Law	Office)	3DIV In: 42	
(Name of Corpora	tion as currently fi	iled with the Florid	a Dept. of State)	
Pos	70001064	127		
(Doci	iment Number of Co	orporation (if knowr)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Flo</i>	orida Profit Corpora	tion adopts the following amendment	s) to
A. If amending name, enter the new name of the	corporation:			
Reed Law, PA			The new	
name must be distinguishable and contain the word " "Inc.," or Co" or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". A p	ipany," or "incorpoi rofessional corpora	ated" or the abbreviation "Corp.," tion name must contain the word	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		NH		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	(<u>OX</u>)	NA		
D. If amending the registered agent and/or regist new registered agent and/or the new registere		s in Florida, enter t	he name of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:	NA		, Florida	
	(Ci	ty)	(Zip Code)	
New Registered Agent's Signature, if changing Relative to the Agent of the Agent as registered agent.	T am familiar with			
Sig	nature of New Regi.	stered Agent, if chan	ging	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector titl President Chief Fi ector wo, in the fo ves the c	virector be ary) Ite by the file by the file; T= Tree inancial Could be PT the ary or are income more or are income means to the ary of the ary of the ary of the ary or are income means to the ary of the	eing added: irst letter of the office to isurer; S= Secretary; ifficer. If an officer/dir ion ionner, Currently John in, Sally Smith is named	N A itle: D= Director; TR= Truector holds more than a to Doe is listed as the Pa	irector being removed and title, name, and istee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held. ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>e</u>	1.5	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>nes</u>	NIA	
X Add	<u>SV</u>	<u>Y Sally Smith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove 3) Remove		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_	<u> </u>		
Add					
Remove					
6) Change					
Add					
Remove					
Page 2 of 4					
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					

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	12.	
<u> </u>		
	-	
<u></u>		
provisions for implementing the amendr (if not applicable, indicate N/A)	ze, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:	
	70 La V	
<u> </u>		
<u> </u>		
		
		.
	Page 3 of 4	
The date of each amendment(s) adoption: date this document was signed.	December 27, 2019	, if other than th
Effective date if applicable:	December 27,2019	
receive dure is abbusentie.	(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 the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were	opted by the shareholders. The number of votes cufficient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups reach voting group entitled to vote separately on	
"The number of votes cas	t for the amendment(s) was/were sufficient for app	proval
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were action was not required.	opted by the board of directors without shareholder actions of the incorporators without shareholder actions of the complex 27, 2019	
Signature (By a select	director, president or other officer – if directors or ed, by an incorporator – if in the hands of a receive need fiduciary by that fiduciary) Kimberly D. Reed (Typed or printed name of person signal of the color of the colo	er, trustee, or other court
	(Title of person signing)	·