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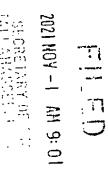
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPENC	E & ASSOCIATES	
DOCUMENT NUMBER: P0900007		
The enclosed Articles of Amendment and fee		
Please return all correspondence concerning th	is matter to the following:	
JAMES K. RE	ESE, EA	
TAX ADVANT	Name of Contact Person	n
1201 NORTH	Firm/ Company THIRD STREET	
JACKSONVIL	Address LE BEACH, FL 32	250
	City/ State and Zip Coo	ie
	E@TAXADVANTA	
E-mail address: (to	be used for future annual repor	t notification)
For further information concerning this matter,	, please call:	
JAMES K. REESE, EA	at (904	, 241-0050
Name of Contact Person	Area C) 241-0050 ode & Daytime Telephone Number
Enclosed is a check for the following amount r		
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2021 NOV -1 AM 9: 01

SECRETARY OF SHAT

SPENCE & ASSOCIATES, INC.

(Name of Corporation as currently filed wi	th the Florida Dent	of State)		•
P0900072541	en ene i torica Depr	· o. otate		
(Document Number of Corpo	oration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:		fit Corporation adop	pts the following	amendment(s) to
A. If amending name, enter the new name of the corpora	tion:			
				The new
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	c," or "Co". A pro	ny," or "incorpord ofessional corporati	nted" or the abb on name must co	previation ontain the
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>	<u></u>	. .	<u>.</u>	
•				
		<u> </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 off new registered agent and/or the new registered office	fice address in Flori address:	ida, enter the name	of the	
Name of New Registered Agent		<u></u>		
<i>(F</i>	lorida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: familiar with and acc	cept the obligations (of the position.	
Signature of New Reg	gistered Agent, if cha	nging		

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>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
			<u>Addres</u> s
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Yadres</u> s
1) Change	EVP	ELAISE ORCILLA SPENCE	12413 FOREST LAKE CIR.
Add	-	-	JACKSONVILLE, FL 32225
Remove			
2) Change	C00	ELAISE ORCILLA SPENCE	12413 FOREST LAKE CIR.
✓ Add			JACKSONVILLE, FL 32225
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attac	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)
MIDD	AN OFFICER TO THE COMPANY, ELAISE ORCILLA SPENCE, EVP, CO
-	
_	
_	
	
lfan	ndment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ns for implementing the amendment if not contained in the amendment itself:
	ot applicable, indicate N/A)

ption:	, if other than the
- ————————————————————————————————————	
	<u></u>
(no more than 90 days after amendment file date)	
(CHECK ONE)	
ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
r the amendment(s) was/were sufficient for approval	
(voting group)	
ted by the board of directors without shareholder action and shareholder	
ted by the incorporators without shareholder action and shareholder	
10-19-2021	
Mell Source	
by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
WILL SPENCE, PRESIDENT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	
	(CHECK ONE) ed by the shareholders. The number of votes cast for the amendment(s) cient for approval. ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s): The amendment(s) was/were sufficient for approval (voting group) ed by the board of directors without shareholder action and shareholder ed by the incorporators without shareholder action and shareholder ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary) MILL SPENCE, PRESIDENT (Typed or printed name of person signing)