P10000045043

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: STOCKS and ASSOCIATES, P.A. 10000045043 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Storms and Associates P. A Firm/Company Storm S 001@ hotmail.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (917) 635-9675

Area Code & Daytime Telephone Number Derrick Storms Enclosed is a check for the following amount made payable to the Florida Department of State: ₩\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

AIS NE STATE

Storms and Associates, P.A.

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

P100000 450 43

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3050 Farley Road Port St. Lucie, FL 34952
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent Derfick St	orms
3050 Far (Florida stree) New Registered Office Address: Port St. Ly	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 <math>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.

X Remove Y Mike Jones X Add SV Saily Smith Type of Action (Check One) Title Name Address 1) Change	Example: X Change	<u>PT</u>	John Do	<u>c</u>	
Type of Action (Check One) Title Name Address 1) Change	X Remove	<u>V</u>	Mike Jo	nes	
(Check One) 1) Change	X Add	<u>sv</u>	Sally Sn	nith	
AddRemove 2)ChangeAddRemove 3)ChangeAddRemove 4)ChangeAddRemove 5)ChangeAddRemove 6)ChangeAddRemove	Type of Action (Check One)	Title		Name	Address
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	y). (Be specific)		
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f an amendment provides for an e	exchange, reclassification	, or cancellation of is:	sued shares,
provisions for implementing the a	mendment if not contain	, or cancellation of is ed in the amendment	sued shares, itself:
f an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A	mendment if not contain	, or cancellation of is ed in the amendment	sued shares, itself:
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f an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A	mendment if not contain	, or cancellation of is ed in the amendment	sued shares, itself:

The date of each amendment(s) adoption: August 3 2015, if other than the
date this document was signed.
Effective date if applicable: A4945+ 3, 2015 (no more than 90 days after amendment file date)
(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) (CHECK ONE)
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.
Dated August 3, 2015
Signature Land Stons
(By a director, 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)
appointed inductary by that inductary)
Derack Storms
(Typed or printed name of person signing)
President
(Title of person signing)