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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	il, II, P.A.			
	BER: P11000009786				
	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Lisa K. Cantwell, Personal Representative of the Estate of William H. Cantwell, II				
		Name of Contact Persor	1		
		Firm/ Company			
	P.O. Box 410098				
		Address			
	Melbourne, FL 32941				
		City/ State and Zip Code	3		
lcant	well@cfl.rr.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	e call:			
Lisa K. Cartwell, Personal Representative		at (321	952.3271		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

William H. Cantwell, H. P.A.

(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)
P11000009786		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:		N/A
(Principal office address MUST BE AS		N/A
		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
(Iradian 2 duaress Mark 122 A 1 OOF)	or received	N/A
		N/A
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the nev	<u>v registered omce addre</u> N/A	55:
Name of New Registered Agent		
	N/A	
		rtreet address) N/A
New Registered Office Address:		, Florida
New Registered Office Address:	N/A	(City) (Zip Code)
New Registered Agent's Signature, if continued to the second second the appointment as regist		nt: r with and accept the obligations of the position.
N/A		
	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 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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Lisa K. Cantwell	P.O. Box 410098
XX Add			Melbourne, FL 32941
Remove			N/A
2) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
3) Change	N/A	N/A	N/A
, Add			N/A
Remove			N/A
4) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
5) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
6) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
RCHOYC			

E. If amen@ing or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	1
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
	_

The date of each amendmen		, if other than the
date this document was signed	. As of today's date	
Effective date if applicable:	·	
,	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmen ere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	ment
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by N/A	••	
~/ <u> </u>	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	der
action was not required.	to adopted by the incorporators without shareholder detroit and shareholder	
Dated	PERGOVER PERGOVER RI	PRESENTATIVE
S	By a director, president or other officer – if directors or officers have not bee elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	n
	Lisa K. Cantwell	
	(Typed or printed name of person signing)	
	Personal Representative of the Estate of William H. Cantwell, II	
	(Title of person signing)	