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To:

Division of Corporations

Fax Number : (850

Fax Number

: (850)617-6380

From:

Account Name : MASTERS, SMITH & WISBY, P.A.

: (904)398-1315

Account Number: 110516003447 Phone: (904)396-2202

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN STEFFES & STEFFES, INC.

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AUG 0 3 2012

No. 1883 P. 2/6

H12000196889 3

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STEFFES & STEFFES, INC.

DOCUMENT NUMBER: P12000028052

The enclosed Articles of Amendment and fee are submitted for filing. The state of the s

Please return all correspondence concerning this matter to the following:

JEFFREY M. JACOBS, CPA

Name of Contact Person

MASTERS, SMITH & WISBY, P.A.

Firm/ Company

7791 BELFORT PARKWAY

JACKSONVILLE, FL 32256

City/ State and Zip Code

CIMT@CIMTSOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

Por further information concerning this matter, please call:

JEFFREY M, JACOBS, CPA

Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

☐\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is

enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Street Address

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

No. 1883 H12000196889 3

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Articles of A	
to Articles of In	
STEFFES & STEFFES, INC.	
(Name of Corporation as currently filed with the)	Florids Dent of State)
P12000028052	# T.T. To The Control of the Control
(Document Number of Corporation ((if known)
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Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	a Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable;	8833 PERIMETER PARK BLVD.
(Principal office address MUST BE A STREET ADDRESS)	#904
	JACKSONVILLE, FL 32216
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 551470
	JACKSONVILLE, FL 32255-1470
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
8833 PERIMETE	R PARK BLVD. #904
•	street address)
New Registered Office Address: JACKSONVILL	E Florida 32216
(Cto	y) (Ztp Code)
•	
New Registered Agent's Signature, if changing Registered Ager	at:
I hereby accept the appointment as registered agent. Lam familian	r with and accept the obligations of the position.
3 Vi Ste	MIN- Em =
Signature of New Registered	d'Angent, if changing
	ARE ALG
	in Contract to the contract to
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Eddress of each Officer a (Attach additional sheets, Please note the officer/dir. P = President; V= Vice F Executive Officer; CFO = held, President, Treasurer Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove, Example:	nd/or D if necess ector titl resident Chief I , Directo in the for esthe c and Sal	Irector being added: ary) e by the first letter of the office title: ; T= Treasurer; S= Secretary; D= Direc inancial Officer If an officer/director h or would be PTD. Illowing manner. Currently John Doe is li orporation, Sally Smith is named the V an ly Smith, SV as an Add.	each officer/director being removed and title, name, ctor; TR= Trustee; C = Chairman or Clerk; CEO = Cholds more than one title, list the first letter of each of listed as the PST and Mike Jones is listed as the V. The and S. These should be noted as John Doe; PT as a Cholds.
X Add	<u>SY</u>	Sally Smith	
Type of Aorion (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	ST	GLASGOW, SHIRLE	EY D 8833 PERIMETER PARK BLVD
Add			#904
Remove			JACKSONVILLE, FL 32216
2) X Change	PD	STEFFES, STAC	Y G 8833 PERIMETER PARK BLVD
Add		-	#904
Romove			JACKSONVILLE, FL 32216
3)Change			
Add			
Remove			
4) Change			
4) Change	~~~~	- , , , , , , , , , , , , , , , , , , ,	
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Remove			14.5.14
6) Change		_	**************************************

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(if not applicable, i	Indicate N/A)								
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The date of each amendment(s)	January AUGUST 2, 20	012
ĬI.	JLY 1, 2012	
Effective date if applicable:		ays after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	the state of the s
The amendment(s) was/were ac by the shareholders was/were s		mber of votes east for the amendment(s)
		n voting groups. The following statement separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were s	ufficient for approval
by	(voting group)	
The amendment(s) was/were acceptant was not required.	lopted by the board of directors wit	thout shareholder action and shareholder
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators withou	shareholder action and shareholder
Dated AUGI	JST 2, 2012	
Signature	Shiteller	
select		if directors or officers have not been ands of a receiver, rustee, or other court
	STACY G STEFFE	
	(Typed or printed nan	ne of person signing)
	PRESIDENT	
	(Title of person sig	ming)