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JUN 20 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Maples, Neal & W	/inter PA			
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	utter to the following:			
	Dr. Kevin Neal				
	Name of Contact Person				
		Firm/ Company			
	100 Professional Drive				
	Address Ponte Vedra Beach, FL 32082				
		City/ State and Zip Cod	· ·		
drkne	al@aol.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Dr. Kevin Neal		904 ar (285-5748		
Name of Contact Person Area Code & Daytime		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	□S43.75 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, F1, 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Maples, Neal & Winter PA

(Name of Corporation as currently filed with the Florida Dept. of State P12000057160	,)		
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	ollowing am	endmei	nt(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "company," or "incorporated" o "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation namword "chartered," "professional association," or the abbreviation "P.A."	r the abbres	new iation in the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		1	
		- 	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:			
Name of New Registered Agent		• >	
(Florida street address)			
New Registered Office Address:, Florida_	(Zip Code)		
	(72), (total)		
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 pe	osition.		
Signature of New Registered Agent, if changing			

If amending the Officers and/or Directors, enter the fitle 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

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Kevin I, Neal	100 Professional Drive
Add			Ponte Vedra Beach, F1, 32082
Remove			
2) Change	VP	Michael C. Winter	100 Professional Drive
Add			Ponte Vedra Beach, FL 32082
Remove			
3) Change	<u>s</u>	Andrew W. Maples	100 Professional Drive
XAdd			Ponte Vedra Beach, FL 32082
Remove			
4) Change	<u>T</u>	Brian W. Maples	100 Professional Drive
Add			Ponte Vedra Beach, F1, 32082
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	lding additional Articl sheets, if necessary).	(Be specific)			
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an amendment	provides for an excha-	nge, reclassificati	on, or cancellatio	on of issued share.	<u>.,</u>
<u>Cifuot apolio</u>	plementing the ameno able, indicate N/A)	<u>Iment</u> if not conta	<u>ained in the amer</u>	idment itself:	
(ij noi ujijnici	ine, maicue Maj				
					
			•		

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(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 d document's effective date on the Department of State's records.	ate will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(8)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s).	ent
"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 sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated6/12/2017	
Signature K. Weel	
(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 cou appointed fiduciary by that fiduciary)	rt
Kevin L. Neal	
(Typed or printed name of person signing)	
President	
(Title of person signing)	