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COVER LETTER

TO: Amendment Section

Division of Corpo	orations		•	•
NAME OF CORPOR	RATION: Law 0	ffice of Jone	os and Itarris	, Inc.
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	-		
	Alice	F. Harris	nd Harris	
	, 1100	Name of Contact Person		_
	Law Office	of Jones av	nd Harris	
		Firm/ Company	·· · · · · · · · · · · · · · · · · · ·	_
	55 Baylone	lge Drive Address		
		Address		_
	Gulf Breeze	PL 3250	9	
		City/ State and Zip Code	e	-
	Alice @	sijones lawfir.	M. Cam	
		sed for future annual report		
For further informatio	n concerning this matter, pleas	se call:		
Alice F	Harris	at (850		
Name (of Contact Person	Area Co	de & Daytime Telephone Numb	er
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mai</u>	ling Address	Street	Address	
Amendment Section			lment Section	
Division of Corporations			on of Corporations entre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314			N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Law office of Sherry	Ivay Jones, Inc.
(Name of Corporation as cure	rently filed with the Florida Dept. of State)
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
Law Office of Jones	and Harris Inc. The new
name must be distinguishable and contain the word "corporation	n," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	55 Bay Bridge Drive
(Principal office address MUST BE A STREET ADDRESS)	55 Bay Bridge Drive Gulf Breeze, FL 32561
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	55 Bay Bridge Drive Gulf Breeze, FL 32561
	Gulf Breeze, FL 32561
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
Name of New Registered Agent Alice F. H	
SO Day D	riage Dr. da street address)
Gulf Bac	3.6 3.15%. I
New Registered Office Address: Out 151 CC	ZC , Florida 3256 (City) (City) (Zip Code)
	D3 50
Nam Danistanad Agant's Cianatura if sharming Danistanad A	gent: iliar with and accept the obligations of the position.
New Registered Agent's Signature, if changing Registered A	iliar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	PVST Sherry Jones	
Add		Gulf Breeze, FL 3256/
_X_Remove	. —	
2) Change	D Sherry Jones	
Add		
X Remove Change	pust Alice F. Harris	55 Bay Bridge Dr.
X_ Add		Gulf Breeze FL 32561
Remove		
4) Change	D Alice F. Harris	55 Bay Bridge Drive
X Add		Gulf Breeze, FL 3256
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional sheets	dditional Articles, enter change if necessary). (Be specific)	13) MCIC.	
ritaen aaamonat sneets, (j necessuryj. (De specific)		

	N/A		
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10		dian an annual lation of insuad at	
nravisions for impleme	es for an exchange, reclassification of the amendment if not con-	tion, or cancellation of issued sha tained in the amendment itself:	HE51
(if not applicable, in	dicate N/A)		
	N/A		
	/V/A		
			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: March 26, 2020 (no more than 90 days after amendment file date	
(no more than 90 days after amendment file date	2)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharel action was not required.	nolder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the an by the shareholders was/were sufficient for approval.	nendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendme	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u>.</u>
(Typed or printed name of person signing)	
Tresident	
(Title of person signing)	