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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing: Please return all correspondence concerning this matter to the following: Name of Contact Person م کا او طہور کی۔ Firm/ Company . City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person " Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Sec. 20 (10) \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certified Copy Sandy - Certificate of Status Oracle (4) Certificate of Status (Additional copy is Certified Copy enclosed) ((Additional Copy ()) (is enclosed) Street Address **Mailing Address**

Amendment Section

Division of Corporations

المرابية الأدفور البروي يوره الهار فرمز وراه الحداث

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (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: A. If amending name, enter the new name of the corporation: ISON SCHAUL, PA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent New Registered Office Address: Florida (City) 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.

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If amending the Officers address of each Officers (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove,	and/or Di if necessor ector title President; = Chief F r; Directo in the foll ves the co	irector b ary) e by the fi ; T= Trec inancial r would l lowing m orporatio	eing ad erst lette isurer; Officer pe PTD anner. n, Sally	ded: or of the of S= Secret If an off Currently Smith is n	fice title ary; D= ficer/dir John D tamed ti	e: Director ector hold Ooe is liste he V and	r; TR= Tru ds more the sect as the PS S. These sh	istee; C an one : : ST and	C = Cha title, lis Mike Jo	irman is the fi	or Clerk rst letter listed as	; CEO of eac the V.	= Chie ch offic There i	ef e
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The date of each amendment(s)	adoption:					, if other than the
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