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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations	٠					
NAME OF CORPORATION	Edwar	d L. CRAIG	+ Associates RA.			
DOCUMENT NUMBER:	P13000	070035				
The enclosed Articles of Amen	dment and fee are sub	mitted for filing.				
Please return all correspondence	e concerning this matt	er to the following:				
	Edu	ward L. C	PAIGI			
		Name of Contact Perso	n .			
	Firm/ Company					
	P. O. Box 340 185 Address					
	Ta.	Address	1 <i>011</i>			
	יש מין	Address OR FL 33 City/ State and Zip Cod	674			
		CRG @ GMA;				
			· ···························			
For further information concer	neo his matter, please	e call:				
Edward CRA	16.II	at (813	, 384-1961			
Name of Conta	ct Person	Arca Co	ode & Daytime Telephone Number			
Enclosed is a check for the following	lowing amount made p	ayable to the Florida Dep	artment of State:			
\$35 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		-	t Address			
Amendment Division of	Section Corporations	Amendment Section Division of Corporations				
P.O. Box 6327			n Building			
Tallahassee,			Executive Center Circle			
		Tallat	nassee, FL 32301			

Articles of Amendment

to Articles of Incorporation

ηf

Edward L. CRAIL + Association P. A.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 13 0000 700 35	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) to
A. If amending name, enter the new name of the corporation:	
Edward CRAILIP. R	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must co word "chartered," "professional association," or the abbreviation "P.A."	breviation
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 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	
(Florida street address)	13 D
New Registered Office Address: , Florida (Zip Code)	
	ARY FIL
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.	EO
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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones.	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		-		
Add Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Persona				

	icles, enter change(s) (Be specific)	_	
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amendment provides for an exc	hange, reclassification	, or cancellation o	issued shares,
witions for implementing the	ndment if not contain	ied in the amendm	ent itself:
(if not applicable, indicate N/A)			
ovisions for implementing the ame (if not applicable, indicate N/A)			

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:	B/12/13	
Enterve date it applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were sufficient	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were app must he separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	7/2013	
Signature (and the	
(By a di	rector, president or other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	Edward CRAIGIF	_
	(Typed or printed name of person signing)	
	President & Director	
	(Title of person signing)	