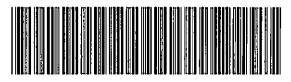
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OCT 1 2 2020 I ALBRITTON

COVER_LETTER TO: Amendment Section Division of Corporations Hard Chykendall & allred, P.A. 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: Address For further information concerning this matter, please call: 727, 536-8882

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 🗹 \$35 Filing Fee □\$43.75 Filing Fee & **■**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to
Articles of Incorporation of

(Name of Corporation	on as currently filed with the Florida Dept. of State)	
Hillard Cnykle	ndall of alled, p. 4	- 50 30 -
(Docum	ent Number of Corporation (if known)	706685
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the co	orporation:	
Hillard Cuyken	dall, P.A.	The new
name must be distinguishable and contain the word "co	orporation, ""company," or "incorporated" or the abor	
"Inc.," or Co.," or the designation "Corp. "Inc.," chartered," "professional association," or the abbrev	for "Co". A professional corporation name must viation "P.A."	oman me word
B. Enter new principal office address, if applicable	$I = I \cup I \cup I$	
(Principal office address MUST BE A STREET ADD	RESS)	
\mathbf{i}		
		<u>~~</u>
C. Enter new mailing address, if applicable:	dia	023
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
D. If amending the registered agent and/ortregister	and office address in Florida, enter the name of the	12: 1,4
new registered agent and/or the new registered		
Name of New Registered Agent		
Name ty tsess in gistered rigeri		
	(Florida street address)	_
New Registered Office Address:	_ , Florida_	
New Registered Office Address.	(City)	(Zip Code)
;} {		
New Registered Agent's Signature, if changing Reg	sistered Agent:	
Thereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the po	sition.
11 1		
Signo	ature of New Registered Agent, if changing	
Cheek if applicable		
The amendment(s) is/are being filed pursuant to s.	607.0120 (11) (e). F.S.	
(1		

, , , ,		!]	
address of each Officer (Attach additional sheets Please note the officer/d.	and/or I s, if neces: irector titl	Director being adde sary) le by the first letter o	
Executive Officer: CFO President, Treasurer, Di Changes should be note:	= Chief F rector wo d in the fo	inancial Officer. If and be PTD.	an officer/director holds more than one title, list the first letter of each office held. surrently John Doe is listed as the PST and Mike Jones is listed as the V. There is mith is named the V and S. These should be noted as John Doe, PT as a Change,
a change, Mike Jones le Mike Jones, V as Remov	aves ine c e, and Sai	lly Smith, SV as an :	and is named the v and s. These should be noted as come 200, v v as a comes.
Example:		- 11	
X Change	<u>14</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	·		
Add			
Remove			
2) Change			
Add		:	
Remove			
3) Change	-	- 	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			. <u>. </u>
6) Change		_ !	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(Muach daditional sneets, if necessary). (i.e. specific)	
	<u> </u>
	
† 	
F. If an amendment provides for an exchange reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(y not appreciate, minerie (87.1)	
<u> </u>	<u> </u>
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il l	

The date of each amendment(s) adoption:	other than the
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 date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	ıolder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
Dated 8/28/12020	
Signature	
(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 court	
appointed fiduciary by that fiduciary)	
Blinjamin Hillard	
(Typedo) printed name of person signing)	
Président	
(Title of person signing)	
<u>.</u>	