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COVER LETTER

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TO: Amendment Sec Division of Corp				الميداع
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NAME OF CORPO	RATION: Dunn & Miller, P.	A.		
	BER: P1400022427			
	of Amendment and fee are si			
Please return all corre	spondence concerning this ma	atter to the following:		
	Kristian Dunn			
		Name of Contact Person	1	
	Dunn & Miller, P.A.			
		Firm/ Company		
	215 E. Tharpe St.			
		Address		
	Tallahassee, FL 32303			
		City/ State and Zip Cod	e	
Krist	ianDunn@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	-
For further information	n concerning this matter, pleas	se call:		
Kris Dunn	of Comact Person	850 at (850	443-5330	
Name	of Contact Person	Area Co	de & Daytime Telephone Ni	umber
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State;	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address	Street	Address	
Amendment Section		Amendment Section		
	sion of Corporations Box 6327		on of Corporations Building	
Tallabasson 11 32314		Clifton Building		

Tallahassee, FL 32301

(Name o	f Corporation as current	ly filed with the Florida	Dept. of State)	
P1400022427	- Dunn	i Miller.	PA	
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporati	ion adopts the follo	owing amendment
A. If amending name, enter the new nat	me of the corporation:	(D.	Ps.	Tt
name must be distinguishable and conte "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	ttion "Corp," "Inc," or '	"Co". A professional co	corporated" or the properties of the properties	The new lie abbreviation must contain the
B. Enter new principal office address, it	f applicable:	N.A.		
(Principal office address MUST BE A ST	REET ADDRESS)		·	
				<u> </u>
				
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	able: FFICE ROY	N.A.		
	7 7 7 C.C. 10 C.A.			 -
				
				
 If amending the registered agent and new registered agent and/or the new 	/or registered office addi	ess in Florida, enter the	name of the	
,	registered omce address N.A.	<u>:</u>		
Name of New Registered Agent				
-	(Florida sir	and additional		
Many Dent of ACCO (11)	(* Ozitila Sil	cer active any		
<u>New Registered Office Address:</u>		(City)	, Florida	Zıp Code)
				, .
South the sales and A. A. W. St				
Sew Registered Agent's Signature, if cha hereby accept the appointment as register	inging Registered Agent: red agent. I am familiar v	with and accept the oblige	itions of the position	9 n .
			•	
•				
	Signature of New R	egistered Agent, if change	ing	

address of each Officer (Attach ådditional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO held. President, Treasur Changes should be note	r and/or I s, if neces, lirector tit e Presiden e Chief er, Direct d in the fo	Director being added; sary) le by the first letter of the office litle; t; T= Treasurer; S= Secretary; D= Director; TR: Financial Officer. If an officer/director holds mo or would be PTD, ellowing manner. Currently John Doe is listed as te- corporation, Sally Smith is named the V and S, The	cer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
X Change	<u>1'1</u>	John Doc	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
t) Change			
Add			
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	(Be specific)
	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 appli- document's effective date on the Department of State's records.	icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes east for the amendment(s) was/we	re sufficient for approval
by(voting group)	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors action was not required. □ The amendment(s) was/were adopted by the incorporators with 	
action was not required.	
May 15, 2019 Dated	
Diffetti	-/-
Signature	
(By a director, president or other offi	cer – if directors or officers have not been ne hands of a receiver, trustee, or other court
Kristian E. Dunn	
(Typed or printed	name of person signing)
Managing Partner	
(Title	of person signing)