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COVER LETTER

TO: Amendment Section Division of Corporations

Tailahassee, FL 32314

NAME OF CORPORATION	on: He	ather	Bryner	PA
DOCUMENT NUMBER:		0005	6314	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am	nendment and fee are sul	bmitted for fi	ling.	
Please return all correspond	ence concerning this ma	tter to the fol	lowing:	
	Н		Contact Person	ives
			Company	
	303 (<u>Chatt</u>	anoogo ddress	i Drive,
	Fort	City State	e and Zip Code	Drive, 33905
	Heather E-mail address: (to be us	Sed for future	annual report no	amail. Com otification)
For further information con-	cerning this matter, pleas	se call:		
Heath	er Grave	a	1, 239 Arm Code	994 9386 & Daytime Telephone Number
Name of Cor Enclosed is a check for the		navahla ta th		•
enclosed is a check for the	tonowing amount made	payable to th	e i forida izepari	ment of State.
□ \$35 Filing Fee □	□\$43.75 Filing Fee & Certificate of Status	Certified	l Copy nal copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ent Section of Corporations		Division	ddress ent Section of Corporations tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

(Name of C	orporation as currently fi	iled with the Florida Dept. of State)			
(<u> 6. 6.</u>	Heather				
	(Document Number of C		12		
		19000 V			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Fla</i>	orida Profit Corporation adopts the following	z an		
A. If amending name, enter the new name					
HE	ATHER GRA	AVES PA	_The		
name must be distinguishable and contain the	word "corporation," "con ," "Inc," or "Co". A p	npany," or "incorporated" or the abbreviatio professional corporation name must contain	n "C 1 the		
entire etc. projestional association, or		. 110			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		- N H			
C. Enter new mailing address, if applicab	sle:	.1.0			
(Mailing address MAY BE A POST OFFICE BOX)		NH			
	-				
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the name of the			
Name of New Registered Agent		GRAVES	-		
_	(Florida street	t address)	•		
New Registered Office Address:		, Florida			
	(Ci	(Zip C]ode		
New Registered Agent's Signature, if chan	ging Registered Agent:				
I hereby accept the appointment as registered		h and accept the obligations of the position.			
	ti u c				
	Heather 4	raves	-		
	Signature of New Regi	istered 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 tit 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of earliest. 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, P1 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P HEATHER GRAVES currently Heather Bryner	303 Chattano
Add	currently Heather Bryner	ff Myers, Fi
Remove	•	
2) Change		
Add		
Remove Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		•••
Add		
Remove		

Attach additional si	ding additional Articles heets, if necessary). (1	Be specific)		
	-	N	Λ	
				
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<u> </u>		**	<u> </u>	
			_	
				-
				·
	idas fan an araban	as madessification s	r concellation of issued sh	arac
nrovisions for im	provides for an exchan	ment if not contained	r cancellation of issued sh in the amendment itself:	<u>ai (5)</u>
(if not applica	thle, indicate N/A)			
		NA		
		10 110		
				
			<u> </u>	

The date of ea	ch amendment(s) ac	doption:	Aug	12	201	, if c
	nent was signed.	•				
Effective date	if applicable:	(m.) mono sh	00 daw	altar amar	dment file date	Δ
		(no more in	ian 90 aays (ajter amen	атет зне ааге	,
		lock does not meet the a epartment of State's recor		atutory fil	ing requiremen	its, this date will not be
Adoption of A	mendment(s)	(CHECK ONE)				
	ment(s) was/were add not required.	opted by the incorporators	s, or board o	f directors	without shareh	nolder action and sharel
		opted by the shareholders afficient for approval.	. The number	er of votes	cast for the an	nendment(s)
		proved by the shareholder each voting group entitle				
"The i	number of votes cast	for the amendment(s) wa	is/were suffi	cient for a	pproval	
by					····	
		(voting group)				
	Dated	6/22/20				
	Signature	Heather	Grav	es		
	(By a d selecte	irector, president or other d, by an incorporator – if ted fiduciary by that fidu	r officer – if in the hands	directors of		
		(Typed or pri	ATHER	GH	PAUES	
		(Typed or pri	_			
			PRES	こったろ	T	
		(Title of pers	on signing)			