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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: \_ P140000 64094 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Name of Contact Person

Name of Contact Person

Rever McAdoo "P.A."

Firm/Company

99 Pogvito Road Sh

Address

Std. Gray FL 32579

City/State and Zip Code Please return all correspondence concerning this matter to the following: Druet. McAdoo D ERA - AMERICAN, COM E-mail address: (to be used for future annual report notification) - (11)-For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$52.50 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Bruce McAdoo "P.A." (Name of Corporation as currently filed with the Florida Dept. of State) P14000064094 (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: David Bruce McAdoo "P.A." 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 "PA." 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) New Registered Office Address: , Florida, (City) (Zip Code) 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.

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.

Example: X Change	<u>PT</u>	John Do	<u>xe</u>					
X Remove	¥	Mike Jones						
X Add	<u>sv</u>	Sally St	<u>nith</u>					
Type of Action (Check One)	Title		<u>Name</u>			Address		
1) Change		_	<del></del>	<u>.</u>			<del>-</del>	<del> </del>
Add								_
Remove								•
2) Change		_		***************************************				
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Remove							- <u></u>	
3) Change		_					·	
Add Add								
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6) Change		_						
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Remove								

	cles, enter change(s) here: (Be specific)
	to the second of
<u> </u>	
	hange, reclassification, or cancellation of issued shares,
an amenument provides for an excl rovisions for implementing the ame	ndment if not contained in the amendment itself:
an amendment provides for an exer- rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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rovisions for implementing the ame	endment if not contained in the amendment itself:

The date of each assessment (2) address.	8/11/11	
The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated	8/11/14	
Signature	David A Color	
selected, by an	, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
	DAVES BRUCE McAdi	<b>7</b>
	(Typed or printed name of person signing)	
<del></del>	PRESFOENT	· ····
	(Title of person signing)	