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R. WHITE

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| NAME OF CORPORATION: May Faulds, P.A. DOCUMENT NUMBER: P14 0000 700 + 8 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person |
| Firm/ Company |
| 85 19th Ave N. Jacksonyille, Brach FL 32250 |
| Jacksmy Reach FU 37750 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| MW L. Faulds at 904 535 7275 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

Articles of Amendment to Articles of Incorporation (Name of Corporation filed with the Florida Dept. of State) (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: 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 name must be distinguishable and contain the word "corporation," word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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) 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 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

PT John Doe

X Remove

V Mike Jones

X Add

SV Sally Smith

Type of Action
(Check One)

| X Remove | <u>v</u> | Mike Jones | |
|---------------------------------------|-------------|-------------|-----------------|
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) 1) Change | Title | Name N/A | <u>Addres</u> s |
| Add | | | |
| 2) Change | | · | |
| - Add | | · | |
| Remove 3) Change | | | |
| Add | | | |
| Remove 4) Change | | | |
| Add Remove | | | |
| 5) Change | | | |
| Add Remove | | | |
| 6) Change | | | |
| Add | | | |

| E. <u>If amending</u> (Attach <i>additi</i> | or adding additional Ar ional sheets, if necessary). | ticles, enter chan . (Be specific) | ige(s) here: | | |
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| . <u>If an amend</u> | ment provides for an exc | change, reclassifi | cation, or cance | ellation of issued s | hares. |
| provisions (if not a | for implementing the amapplicable, indicate N/A) | nendment <u>if no</u> t c | ontained in the | amendment itself | 1 |
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| The date of each amendment(s) adoption: | October 9, 2014 | , if other than the |
|--|--|---------------------|
| date this document was signed. Effective date if applicable: | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (C | HECK ONE) | |
| the amendment(s) was/were adopted by the by the shareholders was/were sufficient for | e shareholders. The number of votes cast for the amendment(s) approval. | |
| The amendment(s) was/were approved by to must be separately provided for each voting | he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the ame | endment(s) was/were sufficient for approval | |
| by(vo | oting group) " | |
| The amendment(s) was/were adopted by the action was not required. | e board of directors without shareholder action and shareholder | |
| idment(s) was/were adopted by the action was not required. | e incorporators without shareholder action and shareholder | |
| Dated October 8 | ,2014 | |
| Signature Mary | Louise Foulds | |
| selected, by an inc | sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary) | |
| Mr | Typed or printed name of person signing) | |
| j | PLES (OFWT | |

(Title of person signing)