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C LEWIS





November 16, 2015

Re: Removal of person affiliated with Michael Arbogast, CPA, PA

Letter of Instruction

Please remove Mark Grady Arbogast from any affiliation with Michael Arbogast, CPA, PA

Thank you,

Candi Wilson, MBA

Client Services Manager & Financial Planning Assistant to Michael L. Arbogast, CPA, CFP®

Authorized signer:

Michael Arbogast

COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: Please return all correspondence concerning this matter to the following: Michael L. Arbogast	NAME OF CORPO	PRATION: Michael Arbogast,	CPA, PA			
Please return all correspondence concerning this matter to the following: Michael L. Arbogast		D14000002261				
Michael L. Arbogast Name of Contact Person Michael Arbogast, CPA, PA Firm/ Company 108 West New Haven Ave. Address Melbourne, FL 32901 City/ State and Zip Code mike@arbogastfinancial.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Arbogast Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certificate Copy (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building	The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Name of Contact Person Michael Arbogast, CPA, PA Firm/ Company 108 West New Haven Ave. Address Melbourne, FL 32901 City/ State and Zip Code mike@arbogastfinancial.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Arbogast Name of Contact Person at (321) 723-5480 Opt. 1 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certificate of Status (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Cilfon Building	Please return all corre	espondence concerning this ma	tter to the following:			
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S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 D\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Certificate of Status (Additional copy is enclosed) Street Address Amendment Section Division of Corporations Clifton Building	Name	of Contact Person	Area Co	de & Daytime Telephone Number		
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Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	S35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy		
Tallahassee, FL 32314 2661 Executive Center Circle	Amendment Section Division of Corporations P.O. Box 6327		Amendment Section Division of Corporations			

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

Score f	Maria Maria
DIVISION OF	SURFULLATION

		of			DIVISION OF S	oki Cha. ie s
Micha	iel,	Arbog	ast, CPI	4, PA	15 NOV 18	PM 2: 2n
(Name of Corpo	ration as	currently fi	led with the Flori	da Dept. of St	ate)	
	F	71400	00093	3/01		
(De	ocument N	umber of Co	orporation (if know	n)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statu	tes, this <i>Flo</i>	rida Profit Corpor	cation adopts t	ne following ame	ndment(s) to
A. If amending name, enter the new name of the	he corpora	tion:				
					The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "In	c," or "Co	". A professional			
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.		<u>(</u>)				
		•				
		-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)					
		•				
		-				
		-				
D. If amending the registered agent and/or reg new registered agent and/or the new register			in Florida, enter	the name of t	<u>he</u>	
Name of New Registered Agent						
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·					
·	(F	lorida street	address)			
New Registered Office Address:				, Flori	da	
		(Ci	(לי)		(Zip Code)	
New Registered Agent's Signature, if changing	Registere	d Agent:				
I hereby accept the appointment as registered age	ent. I am f	familiar with	and accept the ob	ligations of th	e position.	
-	Cinnet	af Mari Diri	internal forms (C.Y.			
	signature (uj ivew Kegi	istered Agent, if ch	anging		

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	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Treasure/	Mark Grady Arbogast	108 W. New Haven Ave.
Add			Melbourne, FL 32901
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
Mark Grady Arbogast is to be removed from any association with this corporation.				
				
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)				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		2.500 B 18.4
Effective date <u>if applicable</u> :	<u> </u>	DIVISIZADE GORDO Server
	(no more than 90 days after am	nendment file date) 15 NOV 18 PM 2: 20
Note: If the date inserted in this document's effective date on the		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vot sufficient for approval.	es cast for the amendment(s)
	pproved by the shareholders through voting groor each voting group entitled to vote separately	
"The number of votes ca	st for the amendment(s) was/were sufficient for	approval
by		,33
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholde	r action and shareholder
DatedSignature	11/16/2015 Mh Algard	
selec	director, president or other officer — if director ted, by an incorporator — if in the hands of a rec inted fiduciary by that fiduciary)	
	Michael Arbogast	
	(Typed or printed name of person	signing)
	President	
	(Title of person signing	ng) .