P15000023496

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(RM) 3-31-15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JOHNSON BROWN & ASSOCIATES, INC.	155EE	27 Pi	
DOCUMENT NUMBER: P 15000023496	10 M		
The enclosed Articles of Amendment and fee are submitted for filing.		ę,	

CHARLENE BROWN NEDD

Name of Contact Person

JOHNSON BROWN & ASSOCIATES, INC.

Firm/ Company

P.O. BOX 670086

Address

CORAL SPRINGS, FL 33067

City/ State and Zip Code

CHARLENE@BAKERBROWNASSOCIATES, INC.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Please return all correspondence concerning this matter to the following:

CHARLENE E	BROWN NEDD	_{at (} 954	, 464-1443
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

JOHNSON BROWN & ASSOCIATES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000023496 (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 word "chartered," "professional association," or the abbreviation "P.A." 4330 NW 75TH WAY B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) CORAL SPRINGSFL 33065 C. Enter new mailing address, if applicable: P.O. BOX 670086 (Mailing address MAY BE A POST OFFICE BOX) CORAL SPRINGS, FL 33067 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 New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

I hereby accept the appointment as registyred agent. I am familiar with and accept the obligations of the position.

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add Remove			
2) Change	<u></u>		
Add			
3) Change			
Add Remove			
4) Change		_	
Add			
Remove			
5) Change Add			
Remove	/(
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	/
	/
	. /
<u>an amendment provides for an exchange for an exchange for implementing the ame</u>	hange reclassification, or cancellation of issued shares, endpient if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/	/
/	

The date of each amendment(s) adoption: 3 - 12-2015	, 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) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3-12-2015	
Dated 3-12-2015 Signature Charlene Brown Nedd	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CHARLERE NEDD	
(Typed or printed name of person signing)	
Thesident	
(Title of person signing)	