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## **COYER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ACI FLORIDA CO	ORPORATION				
DOCUMENT NUM	BER: P15000068026					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Ginny Russ					
	Name of Contact Person					
	Architectural Concepts Inc.					
	•	Firm/ Company				
	240! West Bay Drive, Suite 503					
		Address				
Largo, FL 33770						
	<del></del>	City/ State and Zip Cod	e			
GRu	ss@archconcept.com					
	•	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call: at (	584-7178			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State;			
S35 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 of

ACI FLORIDA CORPORATION	•			
(Name of Corporation P15000068026	as currently filed with the	Florida Dept. of State)		
	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Co	orporation adopts the following	g ameno	dment(s
A. If amending name, enter the new name of the corp	oration:			
ACI Designs Florida P.A.			The I	nesu
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professi	or "incorporated" or the ai ional corporation name must o	bbrevia:	lion Les
word transered, projessional association, or the ab	DIEVILLION P.A.		::,	
3. Enter new principal office address, if applicable:				سائل <i>ی</i> سسیدست
(Principal office address MUST BE A STREET ADDRI	ESS)		(5) 5m	S
			14.5	22.
				_ œ
C. Enter new mailing address, if applicable:			3-4 3-4	O
(Mailing address MAY BE A POST OFFICE BOX)				_ ∞
	<del>,</del>			
	<del>.</del>			-
D. If amending the registered agent and/or registered		nter the name of the		
new registered agent and/or the new registered of	fice address:			
Name of New Registered Agent				
	(Florida street address)		•	
Now Posistanad Office Address		. Florida		
New Registered Office Address:	(City)	, Florida(Zip (	Tode)	_
<b>\$</b>				
New Registered Agent's Signature, if changing Regist		to all transfers a fall of the		
I hereby accept the appointment as registered agent. I a	ini jamiliar with and accept th	ne ooligations of the position.		
Signatu	we of New Registered Agent,	if changing	-	

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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	· <u>PT</u>	John Doc			
X Remove	¥	Mike Jone	<u> </u>		
X Add	<u>sv</u>	Sally Smit	<u>th</u>		
Type of Action (Check One)	Title	1	Name		Address
1) Change					
Add				•	
Remove					
2) Change			· · · · · · · · · · · · · · · · · · ·		
Add					
Remove					
3) Change				,	
Add	•				
Remove					
4) Change				,	
☐ Add			·		
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5) Change		<del></del>			
Add					
Remove					
6) Change		<u>.                                    </u>			
Add					
Remove					

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	(Be specific)
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis of incidental shares.
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
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.	<b>)</b>
The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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 shareholde action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
January 15, 2016 Dated	
Signature SumaTT WALL	
(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 courappointed fiduciary by that fiduciary)	:
Emmett Walsh	
(Typed or printed name of person signing)	
President - Owner	
(Title of person signing)	