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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Michele L. Harvey PA DOCUMENT NUMBER: P16000003044 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michele L. Harvey Name of Contact Person Michele L. Harvevy PA Firm/ Company 2764 S. Bascombe Ave. Address Homosassa, Fl. 34448 City/ State and Zip Code shoelessmonk72@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352 422-2960 Area Code & Daytime Telephone Number Michele L. Harvey Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & **\$35** Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Michele L. Harvey PA (Name of Corporation as currently filed with the Florida Dept. of State) P16000003044 (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: The new 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." 2764 S. Bascombe Ave. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Homosassa, Fl. 34448 C. Enter new mailing address, if applicable: 2764 S. Bascombe Ave. (Muiling address MAY BE A POST OFFICE BOX) Homosassa, Fl. 34448 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 2764 S. Bascombe Ave. (Florida street address) Homosassa Florida New Registered Office Address: (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, χ 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	<u>V</u>	Mike Jones	
X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	_
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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<u> </u>	
for any desired and the	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

he date of each amendment(s) adoption:	, if other than the
late 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 date occument's effective date on the Department of State's records.	te 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.	(3)
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):	rni
"The number of votes east 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.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
7/05/2018 Dated	
Signature Wichele HANNY (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 cour appointed fiduciary by that fiduciary)	ı
Michele L. Harvey	
(Typed or printed name of person signing)	
President	

(Title of person signing)