## P16000031498

| (Re                     | questor's Name)     |                  |
|-------------------------|---------------------|------------------|
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| (Ad                     | dress)              |                  |
|                         | ty/State/Zip/Phone  | <del>. 40</del>  |
| (Cil                    | .y/Gtate/Zip/Filone | ; <del>n</del> ) |
| PICK-UP                 | MAIT                | MAIL             |
| (Bu                     | siness Entity Nam   | ne)              |
| ·                       | •                   | ,                |
| (Do                     | cument Number)      |                  |
|                         | •                   |                  |
| Certified Copies        | _ Certificates      | of Status        |
|                         |                     |                  |
| Special Instructions to | Filing Officer:     |                  |
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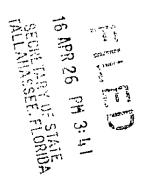
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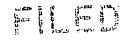
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: TED STRUHL P                                                                             | PA                            |                                                                                        |
|---------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: P16000031498                                                                                 |                               | · · · · · · · · · · · · · · · · · · ·                                                  |
| The enclosed Articles of Amendment and fee are                                                                | submitted for filing.         |                                                                                        |
| Please return all correspondence concerning this m                                                            | natter to the following:      |                                                                                        |
| Teddy Struhl                                                                                                  |                               | •                                                                                      |
| <del></del>                                                                                                   | Name of Contact Persor        | 1                                                                                      |
| Teddy Struhl, PA                                                                                              |                               |                                                                                        |
| APR - 4/400 - 4/400 - 4/400 - 4/400 - 4/400 - 4/400 - 4/400 - 4/400 - 4/400 - 4/400 - 4/400 - 4/400 - 4/400 - | Firm/ Company                 |                                                                                        |
| 10886 Lake Wynds Ct.                                                                                          |                               |                                                                                        |
| <del></del>                                                                                                   | Address                       | ·                                                                                      |
| Boynton Beach, FL 33437                                                                                       |                               |                                                                                        |
|                                                                                                               | City/ State and Zip Code      | 3                                                                                      |
| phyllis@tstruhl.com                                                                                           |                               |                                                                                        |
|                                                                                                               | used for future annual report | notification)                                                                          |
|                                                                                                               |                               |                                                                                        |
| For further information concerning this matter, ple                                                           | ease call:                    |                                                                                        |
| Joseph G. Spitz, CPA                                                                                          | at (561                       | 329-6216                                                                               |
| Name of Contact Person                                                                                        | Area Co                       | 329-6216<br>de & Daytime Telephone Number                                              |
| Enclosed is a check for the following amount mad                                                              | e payable to the Florida Depa | ertment of State:                                                                      |
| \$35 Filing Fee Certificate of Status                                                                         |                               | □\$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                | Amend<br>Divisio<br>Clifton   | Address Iment Section on of Corporations Building executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



TED STRUHL PA

16 APR 26 PM 3: 41

| TED STRUIL PA                                                                                                                                                                         |                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| (Name of Corporation as cu                                                                                                                                                            | urrently filed with the Florida Depti of State) Y UF SIALE                                                              |
| 216000031498                                                                                                                                                                          | TALL AHASSEE, FLORIUA                                                                                                   |
| (Document Nur                                                                                                                                                                         | mber of Corporation (if known)                                                                                          |
| tursuant to the provisions of section 607.1006, Florida Statute s Articles of Incorporation:                                                                                          | es, this Florida Profit Corporation adopts the following amendmen                                                       |
| . If amending name, enter the new name of the corporati                                                                                                                               | ion:                                                                                                                    |
| FEDDY STRUHL PA                                                                                                                                                                       | The new                                                                                                                 |
| name must be distinguishable and contain the word "corp<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc,<br>word "chartered," "professional association," or the abbrevi | poration," "company," or "incorporated" or the abbreviation," or "Co". A professional corporation name must contain the |
| Enter new principal office address, if applicable:                                                                                                                                    | N/A                                                                                                                     |
| Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                                                            | )                                                                                                                       |
|                                                                                                                                                                                       |                                                                                                                         |
|                                                                                                                                                                                       | ***************************************                                                                                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                               | N/A                                                                                                                     |
|                                                                                                                                                                                       |                                                                                                                         |
|                                                                                                                                                                                       |                                                                                                                         |
|                                                                                                                                                                                       | <del></del>                                                                                                             |
| . If amending the registered agent and/or registered office                                                                                                                           |                                                                                                                         |
| new registered agent and/or the new registered office a                                                                                                                               | <u>(ddress:</u>                                                                                                         |
| Name of New Registered Agent N/A                                                                                                                                                      |                                                                                                                         |
|                                                                                                                                                                                       |                                                                                                                         |
| (Flo                                                                                                                                                                                  | orida street address)                                                                                                   |
| New Registered Office Address:                                                                                                                                                        | , Florida                                                                                                               |
|                                                                                                                                                                                       | (City) (Zip Code)                                                                                                       |
|                                                                                                                                                                                       | 1/                                                                                                                      |
| ew Registered Agent's Signature, if changing Registered                                                                                                                               |                                                                                                                         |
| hereby accept the appointment as registered agent. I am far                                                                                                                           | miliar with and accept the obligations of the position.                                                                 |
|                                                                                                                                                                                       |                                                                                                                         |
|                                                                                                                                                                                       |                                                                                                                         |
| Cinn stone of                                                                                                                                                                         | Nau Pagistared Agant if champing                                                                                        |

## 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 Do      | <u>¢</u>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------|--------------|--------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X Remove                      | <u>v</u>     | Mike Jo      | nes         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X Add                         | <u>sv</u>    | Sally \$n    | <u>nith</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Type of Action<br>(Check One) | Title        |              | Name        | <u>Addres</u> s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1) Change                     | <del> </del> | <del></del>  |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Add                           |              |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Remove                        |              |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2) Change                     |              | <del>_</del> |             | was and the contract of the co |
| Add                           |              |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Remove                        |              |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3) Change                     |              | _            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 4) Change                     |              | <del>-</del> |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5) Change                     |              | <del>_</del> |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Remove                        |              |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 6) Change                     |              | <del>-</del> |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Remove                        |              |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| If amend<br>(Attach a                 | ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific) |
|---------------------------------------|----------------------------------------------------------------------------------------------------------|
| // <b>A</b>                           |                                                                                                          |
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| lf an am                              | endment provides for an exchange, reclassification, or cancellation of issued shares,                    |
| <u>provisi</u>                        | ons for implementing the amendment if not contained in the amendment itself:                             |
| ( <i>ij i</i><br>I/A                  | not applicable, indicate N/A)                                                                            |
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| PROF. 11                                                                 | April 18, 2016                                                                                                                               | .c a a           |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| The date of each amendment(s) added this document was signed.            | doption:                                                                                                                                     | _, if other than |
| Effective date if applicable:                                            |                                                                                                                                              |                  |
|                                                                          | (no more than 90 days after amendment file date)                                                                                             |                  |
| Note: If the date inserted in this bedocument's effective date on the De | plock does not meet the applicable statutory filing requirements, this date will repartment of State's records.                              | not be listed a  |
| Adoption of Amendment(s)                                                 | (CHECK ONE)                                                                                                                                  |                  |
| The amendment(s) was/were add by the shareholders was/were su            | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.                                             |                  |
|                                                                          | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |                  |
|                                                                          | for the amendment(s) was/were sufficient for approval                                                                                        |                  |
| by                                                                       | (voting group)                                                                                                                               |                  |
|                                                                          | (voting group)                                                                                                                               |                  |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the board of directors without shareholder action and shareholder                                                                   |                  |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the incorporators without shareholder action and shareholder                                                                        |                  |
| Dated/_                                                                  |                                                                                                                                              |                  |
| Signature                                                                | belail -                                                                                                                                     |                  |
| (By a d                                                                  | lirector, president or other officer - if directors or officers have not been                                                                | _                |
|                                                                          | d, by an incorporator – if in the hands of a receiver, trustee, or other court                                                               |                  |
| appoin                                                                   | ted fiduciary by that fiduciary)                                                                                                             |                  |
|                                                                          | Teddy Struhl                                                                                                                                 |                  |
|                                                                          | (Typed or printed name of person signing)                                                                                                    | <del> </del>     |
|                                                                          | President                                                                                                                                    |                  |
|                                                                          | (Title of person signing)                                                                                                                    | ·                |