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4/5/2017

Florida Department of State

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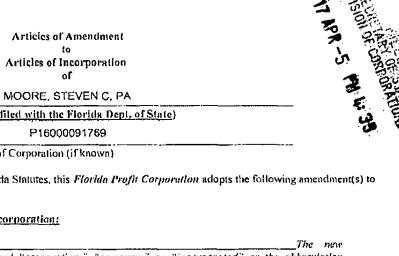
COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: STEVEN C MOORE, PA DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cheyenne Moselcy Name of Contact Person LegalZoom.com, Inc. Firm/ Company 101 N. Brand Blvd., 11th Floor Address Glendale, CA 91203 City/ State and Zip Code scmoore6712@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 800 773-0888 ext. 9724
Area Code & Daytime Telephone Number Cheyenne Moseley Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Fifting Fee & □\$43.75 Filing Fee &. □\$52.50 Filling Fee ☐ \$35 Filing Fee Certified Copy Cortificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassec, Fl. 32314

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

Articles of Amendment Articles of Incorporation ٥ſ



(Name of Corporation as currently filed with the Florida Dept. of State)

P16000091	769
(Document Number of Corporation (if kr	no(vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	vida Profit Corporation adopts the following amenda
A. If amending name, enter the new name of the corporation:	
STEVEN C MOORE, PA	The ne
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address;	in Florida, enter the name of the
Name of New Registered Agent	Companyation of the Company of the C
(Florida street	(kkirass)
New Registered Office Addross:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	s and accept the obligations of the position.

Signature of New Registered Agent, If changing

io, rage our

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	PI	John Do	<u>ç</u>	
X Remove	<u>V</u>	Mike Jo	nes .	
_X Add	<u>sy</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				Company of the Compan
2) Change		_		
Add				
Remove				
3)Change		-		· · · · · · · · · · · · · · · · · · ·
Add				4-11
Remove				
4) Change				
Add		-		
Remove				
5) Change				
Add				
Remove				
б) Change		_		
Add				
Remove				

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
if an amendment proyides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s) adoption: 3/24/2017	, 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)	
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 $\frac{3}{28/17}$	
Signature CUL	
(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)	
Steven C. Moore	_
(Typed or printed name of person signing)	
President	
(Title of person signing)	