P16000099982

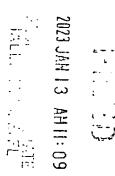
| (Requ | uestor's Name) | | | | |
|----------------------------|-----------------|-----------|--|--|--|
| (Addr | ess) | | | | |
| (Addr | ess) | | | | |
| (City/ | State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Busi | ness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to Fi | ling Officer: | | | | |
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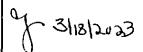




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C. 1. 20-01.12-01/ **E1.03





COVER LETTER

TO: Amendment Section Division of Corporations

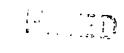
| NAME OF CORPO | ORATION: Robinson & Peters | , P.A. | |
|------------------------|--|--|--|
| | 1BER: P16000099982 | | _ |
| | es of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | espondence concerning this ma | tter to the following: | |
| | Sarah Becker | | |
| | | Name of Contact Person | 1 |
| | Robinson & Peters, P.A. | | |
| | | Firm/ Company | |
| | 5450 Village Drive | | |
| | | Address | |
| | Viera, FL 32955 | | |
| | | City/ State and Zip Code | |
| | an-ahhaaltar@ah-lautaa- | | |
| | sarahbecker@ebplaw.com | 1 C C | |
| | n-man address; (to be us | sed for future annual report | nouncation) |
| For further informati | ion concerning this matter, pleas | se call: | |
| Sarah Becker | | at (³²¹ | 504-0321 |
| Name of Contact Person | | Area Co | 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) |
| Aı Di | ailing Address mendment Section vision of Corporations O. Box 6327 | Amend Divisio | Address ment Section on of Corporations entre of Tallahassee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Blaue & Peters, P.A.

2023 JAN 13 AH11: 09

| (N) CO | at Glad in the Floride Dank of State | |
|---|--|--------------------------|
| P16000099982 | ion as currently filed with the Florida Dept. of State) | LE STE |
| | ment Number of Corporation (if known) | |
| , | • | |
| Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation: | a Statutes, this Florida Profit Corporation adopts the fo | ollowing amendment(s) to |
| A. If amending name, enter the new name of the co | orporation: | |
| Robinson & Peters, P.A. | | The new |
| | orporation," "company," or "incorporated" or the abb " or "Co". A professional corporation name must eviation "P.A." | |
| B. Enter new principal office address, if applicable | e: | |
| (Principal office address <u>MUST BE A STREET ADI</u> | DRESS) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 2.00 | |
| (Mailing address MAT BE A FOST OFFICE BO | <u> </u> | |
| | | |
| | | |
| D. If amending the registered agent and/or registe | ered 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 | |
| | (City) | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changing Reg | | |
| I hereby accept the appointment as registered agent. | I am familiar with and accept the obligations of the po | sition. |
| | | |
| | | |
| Sign | nature of New Registered Agent, if changing | |
| | | |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>D</u> | Scott Blaue | |
| Add X Remove | | | |
| 2) Change | D | R. Scott Robinson | 5450 Village Drive |
| X Add | | | Viera, FL 32955 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | , |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| 4 | sheets, if necessary | v). (Be specific) | | | | |
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| | <u>provides for an e</u> | xchange, reclass | ification, or cance | llation of issued | shares, | |
| an amendment | plementing the a | mendment if not | contained in the | amendment itsel | <u>f:</u> | |
| rovisions for im | abla indianta M(A) | | | | | |
| an amendment rovisions for im (if not applica | able, indicate N/A) | , | | | | |
| rovisions for im | able, indicate N/A) | , | | | | |
| rovisions for im | able, indicate N/A', | , | | | | |
| an amendment rovisions for im (if not applica | nble, indicate N/A', | | | | | |
| rovisions for im | nble, indicate N/A | | | | | |
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| rovisions for im | nble, indicate N/A | | | | | |
| rovisions for im | nble, indicate N/A | | | | | |
| rovisions for im | nble, indicate N/A | | | | | |

| 01/01/2023 | |
|---|---|
| The date of each amendment(s) adoption: | , if other than |
| late this document was signed. | |
| 01/01/2023 | |
| Affective date <u>if applicable</u> : (no more than 90 days after amendment fi | ile data) |
| (no more than 90 days after amenament fi | ie uuie) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records. | irements, this date will not be listed as t |
| doption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required. | shareholder action and shareholder |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval. | the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the am | |
| "The number of votes east for the amendment(s) was/were sufficient for approval | |
| by | • |
| (voting group) | |
| 01/06/2023 Dated | |
| | |
| Signature (By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary) | |
| Mark Peters | Mark S. Peters |
| (Typed or printed name of person signing) | |
| Director Project | |
| (Title of person signing) | |