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R. WHITE

COVER LETTER

T0: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: FORM EQUALS I	FUNCTION, INC.	1111 11 11
DOCUMENT NUMBE	R: <u>P17000000926</u>		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
В	arb McBride		
_		Name of Contact Person	1
Se	outh Beach Tax & Financial	Services	
		Firm/ Company	
32	20 Osceola Avenue		
_		Address	
Ja	cksonville Beach, FL 32250	0	
		City/ State and Zip Code	е
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
	oneening unit maner, prom	o van.	
Barb McBride		at (904) 241-2533
Name of	Contact Person	Area Co) 241-2533 de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	ertment 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)
Ameno Divisio P.O. B	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ORM	EOUALS	FUNCTION,	INC.
	-40		

17 MAR 24 PM 1:59

(Maine of Curpuration as curren	itly filed with the Florida Dept. of State)		
P000000926	, K. T.		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or CO.," or the designation "Corp," "Inc," or word "chartered," "professional Association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	4475 US 1 SOUTH		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 501		
	ST. AUGUSTINE, FL 32086		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4475 US 1 SOUTH		
	SUITE 501		
	ST. AUGUSTINE, FL 32086		
 If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre 	dress in Florida, enter the name of the ss:		
Name of New Registered Agent			
	straat addrass)		
	street address)		

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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	VP/S	BRADFORD DIVER	4475 US 1 SOUTH
Add		(Spelling correction)	SUITE 501
Remove			ST. AUGUSTINE, FL 32086
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach <i>additional sheets, if necessary). (Be specific)</i>
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) add date this document was signed.	ption: MARCH 1, 2017	, if other than the
Effective date if applicable:		
 	(no more than 90 days after amendment	file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for icient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the a	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		,, -
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action a	and shareholder
Dated 03/01/17 Signature		
selected,	ector, president or other officer – if directors or offic by an incorporator – if in the hands of a receiver, tru d fiduciary by that fiduciary)	
A	NTHONY PETRONE	
	(Typed or printed name of person signing)	
<u>P</u>	RESIDENT	
	(Title of person signing)	