P1700019837

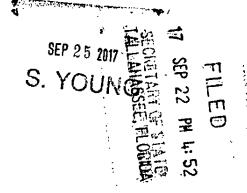
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PICK-UP	 WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Prescience Legal,	Inc.	
DOCUMENT NUMB	ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	William H. Crew		
-		Name of Contact Person	1
	Prescience Legal, Inc.		
-		Firm/ Company	
	238 Miracle Strip Parkway S	W	
-		Address	
	Fort Walton Beach, Florida 3	32548	
•		City/ State and Zip Code	e
admin	@prescience.legal		
	= :	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
William H. Crew		at (<u>850</u>	_) 244-4488
Name o	f 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio Clifton	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Prescience Legal, Inc.	
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P17000019837	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)
D. If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	5 2
	(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 position.
Sign	nature 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	William H. Crew	238 Miracle Strip Parkway SW
X Add			Fort Walton Beach, Florida
Remove			32548
2) Change	CD	Michael H. Crew	238 Miracle Strip Parkway SW
X Add			Fort Walton Beach, Florida
Remove			32548
3) Change	V	Tony Warner Olson	238 Miracle Strip Parkway SW
X Add			Fort Walton Beach, Florida
Remove			32548
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

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) A		onal sheets, if necessary).	rticles, enter change(s) here:). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)				
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	It an amendn	or implementing the am	nendment if not contained in the amendment itself:	
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	, if other than the
date 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 will redocument's effective date on the Department of State's records.	ot 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.	
☐ 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 east 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.	
September 19, 2017 Dated	
Signature Additional Signature	
Signature (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)	-
William H. Crew	
(Typed or printed name of person signing)	
President / Director	
(Title of person signing)	