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COVER LETTER

TO: Amendment Section

'n

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations STACY M. MOORD P.A. NAME OF CORPORATION: _ DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stacy M Moord

Name of Contact Person THE LAW OFFICE OF STACY M. MOORD, P.A. 207 E. FT DANC ST # 1981
Address Brooksville, FL 34605
City/ State and Zin Code Moord law Ogmail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 404.0582

Area Code & Daytime Telephone Number Stacy M. Moord Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

17 JUH 19 PH 3: 36

| | 発売 サイン・フリー |
|---|---|
| (Name of Corporation as current | tly filed with the Florida Dept. of State), |
| Stacy M | Moord P.A. |
| | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| THE LAW OFFICE OF STACY M. In name must be distinguishable and contain the word "corporation "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; | 207 E. FORT DADE ST |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | # 1981 |
| | BROOKSVILLE FL 34601 |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | PO BOX 1981 |
| | BIOOKSUITE FL 34605 |
| | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent (Florida sp. 1988) | ANNE O'CONWOR U.S. HIGHWAY 19 |
| New Registered Office Address: PUK K | (City) Florida 34668 (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent | |
| I hereby accept the appointment as registered agent. I am familiar | with and accept the obligations of the position. |
| Lews | Marmon . |
| Signature of Note I | 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 | <u>PT</u> | John Do | <u>e</u> | | |
|----------------------------|--------------|----------|-------------|---|---------------------------------------|
| X Remove | <u>v</u> | Mike Jo | nes | | |
| X Add | <u>sv</u> | Sally Sr | nith | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | Address |
| 1) Change | | _ | | - | |
| Add | | | | - | |
| Remove | | | | - | |
| 2) Change | | _ | | _ | · · · · · · · · · · · · · · · · · · · |
| Add | | | | _ | |
| Remove | | | | | |
| 3) Change | <u> </u> | | | _ | · · · · · · · · · · · · · · · · · · · |
| Add | | | | _ | |
| Remove | | | | - | |
| 4) Change | | | | _ | |
| Add | | _ | | - | |
| Remove | | | | _ | |
| 5) Change | | | | | |
| • | | _ | | - | |
| Add | | | | - | |
| Remove | | | | - | |
| 6) Change | | | | _ | |
| Add | | | | _ | · · · · · · · · · · · · · · · · · · · |
| Remove | | | | _ | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|--|
| AMEND ARTICLE III |
| FROM: REAL ESTATE SMITESSION |
| * TO: UAN Practice |
| ARTICLE VI: |
| STACY M Moord |
| PO BOX 1981 |
| BROOKSVILLE FL 34605 |
| Annile VII |
| STACY M MOORD |
| PO BOX 1981 |
| Brooksville FL 34605 |
| 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 |
| <i>(</i> |
| |
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| |

| The date of each amendment(s) add this document was signed. | loption: Jul | WE 1 St | 2017 | , if other than the |
|---|--|----------------------------------|-------------------------|--|
| Effective date <u>if applicable</u> : | | | | |
| | (no more | than 90 days afte | r amendment file dat | e) |
| Note: If the date inserted in this blocument's effective date on the De | | | ory filing requiremen | nts, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ON | <u>E</u>) | | |
| The amendment(s) was/were add by the shareholders was/were su | | rs. The number of | f votes cast for the am | nendment(s) |
| The amendment(s) was/were app must be separately provided for | | | | |
| "The number of votes cast | for the amendment(s) v | was/were sufficient | t for approval | |
| by | (voting group) | | | |
| | (voting group) | | | |
| The amendment(s) was/were add action was not required. | pted by the board of di | irectors without sh | areholder action and | shareholder |
| The amendment(s) was/were add action was not required. | pted by the incorporate | ors without shareho | older action and share | cholder |
| Dated 6/ | 2/17 | | | |
| Signature | rector, president or oth | | atoms on officers have | |
| selecte | , by an incorporator – ed fiduciary by that fid | if in the hands of a luciary) | a receiver, trustee, or | other court |
| | STALY M (Typed or n | Mord - | PRES / INCO | tor. |
| | (13pod 01 p | name of per |) | |
| | | TRES / | NCOrporA1 | tor. |
| | | (Time of person si | gmog) | |