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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: ShowPro of Sou	uth Florida, Inc.		
DOCUMENT NUMB	BER:P17000041679			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		Adrien Solano		
-		Name of Contact Person	n	
	S	howPro of South Florida	, Inc.	
-		Firm/ Company		
	4613 N. University Drive, Unit 279			
·	Address			
_		Coral Springs, FL 3306	67 	
		City/ State and Zip Cod	e	
	financ	es@showprosfl.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Adı	rien Solano	at (239) 223-4638	
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	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

ShowP	ro of South Florida, Inc.
(Name of Corporation a	s currently filed with the Florida Dept. of State)
	P17000041679
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statis Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office.	office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
	· · · · · ·
···	CALL DO LA
Signatur	e 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.

Mike Jones, V as Remov Example:	e, and Sa	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	V	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	VD	Edmund D. Griffin	8920 Woodside Court
Add	•		Davie, Florida 33328
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			1 . E. .11.11
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ttach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
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(if not applicable, indicate N/A)	in amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	rovisions for implementing the am	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
	 	

A second

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for a	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	•	
☐ The amendment(s) was/were adoption was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	August 3rd, 2019	
Signature		
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
_	Adrien Solano	
·	(Typed or printed name of person signing)	
_	Vice President & Chief Financial Officer	
	(Title of person signing)	