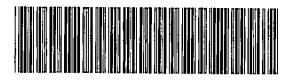
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TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: Schenkel & Shultz	ne.	هم لحريب	
DOCUMENT NUMBER: P17000043560				
	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
1	Bridget Paterno			
_		Name of Contact Person	1	
9	Schenkel & Shultz, Inc.			
-		Firm/ Company		
;	200 E. Robinson Street, Suit	e 300		
_		Address		
(Orlando, FL 32801			
_		City/ State and Zip Cod	e	
bpateri	no@schenkelshultz.com			
-		sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
Bridget Paterno		at (330-4592	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassas FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Schenker & Shurtz, Inc.	<u></u>	
(Name of Corporation a	is currently filed with the Florida Dept. of State)	•
P17000043560		٠,٠
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment	رِنج) (ج)
A. If amending name, enter the new name of the corpo	ration:	7
N/A	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:	N/A	
(Principal office address MUST BE A STREET ADDRE	(22	
C. Paragrama Wang Idang Wang Kabupaten		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		
D. If any discounting of any all the second	. 67	
 If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered office. 		
N/A		
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	i familiar with and accept the obligations of the position.	
Signatur	e of New Registered Agent, if changing	
ingnorm.	and the state of t	

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.

X Change	<u>PT</u>	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	V	Daniel C. Laggan	200 E. Robinson Street, Suite 300	
X Add			Orlando, FL 32801	
Remove				
2) Change	v	J. David Torbert	200 E. Robinson Street, Suite 300	
X Add			Orlando, FL 32801	
Remove				
3) Change	<u>s</u>	Michelle C. Palmano	200 E. Robinson Street, Suite 300	
X Add			Orlando, FL 32801	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
	

The date of each amendment(s) a date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	, ,
	(voting group)
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were acceptation was not required.	dopted by the incorporators without shareholder action and shareholder
March 21 Dated	. 2019
Signature	
solect	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fidurary by that tiduciary)
	J. Thomas Chandler
	(Typed or printed name of person signing)
	President & CEO
	(Title of person signing)