P17000087416

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TALLAHASSEC, FLORIDA

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: JOSEPH R. GREEN + ASSOCIATES, INC.
DOCUMENT NUMBER: P17000087416
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Joseph R. GREEN + ASSOCIATES INC.
Joseph R. GREEN + ASSOCIATES, INC. Firm/Company 1139 Popolee Rond, Suite 200 Address
St. Johns, FL 32259 City/ State and Zip Code
JOEMY DNO 55 C 9 MAIL COM (E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904) 514-4525 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	· + 1 · · · · · · · · · · · · · · · · ·
	18EN + ASSOCIATES INC
	ntly filed with the Florida Dept. of State)
P\$ 70000	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation ""Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	_N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office address.	
Name of New Registered Agent	N/A SE
	SSE Z 1
(Florida	street address)
New Registered Office Address:	(City) Florida (Zip Code)
	(City) E (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
$\sim 10^{11}$	A Registered Agent, if changing
Signature of Nev	v 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, an 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 = Chieg 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 J.</u>	John Doc	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CED/CFO	15 Joseph R. GREEN	1139 Popoles Ro St. Johns, FL 3225
X Add			St. Johns, Fl 3225
Remove			·
2) Change			ben
Add			≥
Remove			AHC MU T
3) Change			# # 17
Add			
Remove			ORIGA GRIDA
4) Change			<i>₹n</i> °
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)			
N/A			
			
			
		_	
			
		 _	
		المال المال	
	SSE	17	
E. If an amondment amonides for an archaeous medicalification, as annullation of issued shows	7.0	*	11
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:		<u>~</u>	
(if not applicable, indicate N/A)	RESE.	6 1	
N/A	4%> -4%		
·			

	, if other that
date this document was signed. Effective date if applicable:	
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 of document's effective date on the Department of State's records.	will not be listed a
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voling 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.	19 JUN
Dated $6 - 13 - 2019$	ARY (
Signature Israfl R Guer 3	S S S
(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	A .
appointed fiduciary by that fiduciary)	CT CT
Tosaph R. GRAZN (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President/ Vice President / CFO /60/5	Ecretary
(Title of person signing)	/