P18000083233

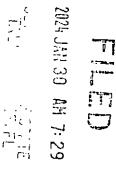
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300422736123

01/30/24--01029--016 **S2.50





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Normand & Assoc	iates, Inc.			
	IBER: P18000083233				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Joseph Normand				
		Name of Contact Person			
	Normand & Associates, Inc.				
	Firm/ Company				
	6950 Seneca Ave				
	Address				
	Jacksonville, Florida 32210				
	City/ State and Zip Code				
	skip@skipnormand.com	3.5.6.			
	ti-maii address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Joseph Normand		at (_301	730-9415		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check:	for the following amount made	payable to the Florida Depa	ertment of State:		
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Normand & Associates, Inc.	2001		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State Aif 7: 29		
P18000083233	, , , , , , , , , , , , , , , , , , ,		
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, th 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 "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	6950 Seneca Ave		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32210		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6950 Seneca Ave		
	Jacksonville, Florida 32210		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address			
NIA			
Name of New Registered Agent NAM			
(L7)	street address)		
N/A	street address)		
New Registered Office Address: N/A	(City) , Florida (Zip Code)		
	(21p Code)		
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent. I am familia			
Signature of News	Registered Agent, if changing		
signiture of New	подънства пувна, у снануту		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 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
i) X Change	<u>P</u>	Georgie Normand	6950 Seneca Ave
Add			Jacksonville, Florida 32210
Remove			
2) X Change	D	Joseph Normand	6950 Seneca Ave
Add			Jacksonville, Florida 32210
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

	heets, if necessary).	(Be specific)			
					
		··· ·			·
			·		
					
					-
					
		- <u>-</u>	<u> </u>		
		 -			
···					
					····
	· · · · · · · · · · · · · · · · · · ·			_	 -
		 .		- 	
	rovides for an excl	nange, reclassificat	ion, or cancellation	of issued shares.	
an amendment p	TOTIOCS FOR MILE CACE		ained in the amend	ment itself:	
an amendment p	lementing the ame	endment if not cont			
<u>provisions for imp</u>	lementing the ame	endment if not cont	anica in the amena	ment ttsett.	
<u>provisions for imp</u>	elementing the ame tole, indicate N/A)	endment if not cont	anica in the amena	ment tigett.	
<u>provisions for imp</u>	lementing the ame	ndment i <u>f not cont</u>	amed in the amend	ment user.	
<u>provisions for imp</u>	lementing the ame	endment if not cont	amed in the amend	ment tisett.	
<u>provisions for imp</u>	lementing the ame	endment if not cont	aned in the amend		
<u>provisions for imp</u>	lementing the ame	endment if not cont	aned in the amend		
<u>provisions for imp</u>	lementing the ame	endment if not cont	aned in the ginerio	mene nocte.	
<u>provisions for imp</u>	lementing the ame	endment if not cont	aned in the ginend	mene nocte.	
<u>provisions for imp</u>	lementing the ame	endment if not cont		mene nacer.	
<u>provisions for imp</u>	lementing the ame	endment if not cont	anted in the ginthe	ment notice	
<u>provisions for imp</u>	lementing the ame	endment if not cont		THE ROLL OF THE PARTY OF THE PA	
<u>provisions for imp</u>	lementing the ame	endment if not cont		THE ROLL OF THE PARTY OF THE PA	
<u>provisions for imp</u>	lementing the ame	endment if not cont		THE ROLL OF THE PARTY OF THE PA	
<u>provisions for imp</u>	lementing the ame	endment if not cont			
<u>provisions for imp</u>	lementing the ame	endment if not cont			
<u>provisions for imp</u>	lementing the ame	endment if not cont		THE ROLL OF THE PARTY OF THE PA	
<u>provisions for imp</u>	lementing the ame	endment if not cont		THE ROLL OF THE PARTY OF THE PA	
<u>provisions for imp</u>	lementing the ame	endment if not cont			

. .

. .

The date of each amendment(s) as	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	re)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
byIncorporators	······································	
	(voting group)	
sqlecte	ifector, president or other officer – if directors or officers have do by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary)	
	Joseph Normand	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	