P19000066581

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CHARLES R. SHO	OFFNER, C.P.A., P.A.	<u></u>
	BER: P19000066581		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	PAUL SCHAEFER		
		Name of Contact Person	1
	CHARLES R. SHOFFNER, C.P.A., P.A. Firm/ Company		
	2700 UNIVERSITY BLVD V	WEST STE A-2	
	Address		
	JACKSONVILLE, FL 32217		
		City/ State and Zip Code	e
	PSCHAEFER@SHOFFNER	СРА.СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:at (904	730-7709
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:
S35 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)
Ar Di P.G	nailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

CHARLES R. SHOFFNER, C.P.A., P.A.

(Name o	of Corporation as currently	filed with the Florida Dept. of Sta	te)	
P19000066581				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this <i>t</i>	Florida Profit Corporation adopts th	e following amendme	:nt(s) to
A. If amending name, enter the new no	ame of the corporation:		The new	,
name must be distinguishable and contain "Inc" or Co" or the designation "C "chartered." "professional association,"	${\it Corp},$ " ${\it 'Inc},$ " ${\it or}$ " ${\it Co}$ ". ${\it A}$	ompany," or "incorporated" or the c professional corporation name m	bbreviation "Corp.,"	•
B. Enter new principal office address.		N/A		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent ar			<u>ie</u>	
new registered agent and/or the ne		•	•	
Name of New Registered Agent	PAUL SCHAEFER	_ .		
	SAME		-	
	(Florida str	ret address)		
New Registered Office Address:	SAME	, Floric	SAME 🖃	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	changing Registered Agent:			
I hereby accept the appointment as regis.	tered agent. I am familiar v	ith and accept the obligations of the	position.	
	<i>-</i> 7			
	//			
	Signature of New R	egistered Agent, if changing		
	manner ty to the			

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
1) Change	P.D	CHARLES R SHOFFNER	2700 UNIVERSITY BLVD. WEST
Add			SUITE A-2
X Remove			JACKSONVILLE, FL 32217
2) Change	P.D	PAUL SCHAEFER	2700 UNIVERSITY BLVD. WEST
X Add			SUITE A-2
Remove Change	_		JACKSONVILLE, FL 32217
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)	
N/A	
	
	;
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	<u> </u>
	1

		, if other than the
date this document was signed. JANUARY 1, 20	.024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder ac	ction and shareholder
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendmen approval.	nt(s)
	ne shareholders through voting groups. The following state g group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	<u></u> ,"	
(vot	ting group)	
DECEMBER 11, 2023		
Dated		?
Signature MMW/V/	& Alvaha	(-
(By a director, pres	sident or other officer – if directors or officers have not bee	n .
	orporator - if in the hands of a receiver, trustee, or other co	
appointed fiduciary	y by that fiduciary)	
Ĉ,	harles R Shotther	<u>~</u> !
 -	(Typed or printed name of person signing)	
PRESIDEN	NT, DIRECTOR	
	(Title of person signing)	_ -