19 6666 66581

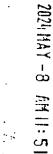
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
al 33 M

Office Use Only



200432576072

07/25/24--01002--014 *+52.50





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CHARLES R. SH	OFFNER, C.P.A., P.A				
DOCUMENT NUMB						
	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this ma	tter to the following:				
	CHARLES R. SHOFFNER					
•	*	Name of Contact Person				
	CHARLES R. SHOFFNER, C.P.A., P.A.					
•	Firm/ Company					
:	2700 UNIVERSITY BLVD WEST STE A-2					
-		Address				
	JACKSONVILLE, FL 32217					
-	-	City/ State and Zip Code				
	CSHOFFNER@SHOFFNER	CPA COM				
-	_	sed for future annual report i	notification)			
For further information	concerning this matter, plea	se call:				
CHARLES R. SHOFFNER		at (904	730-7709			
Name of Contact Person		Area Cod) 730-7709 e & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:			
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43 75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Mendi Division The Ce 2415 N	Address ment Section to of Corporations note of Tallahassoc Monroe Street, Suite 810 ssee, FL 32303			

2024 HAY -8 AM 11: 5

Articles of Amendment (O Articles of Incorporation

(Name c	Corporation as currently	filed with the Florid:	a Dept. of State)	
19000066581				
	(Document Number of C	Corporation (if known)	
ursuant to the provisions of section 607 s Articles of Incorporation:	1006, Plorida Statutes, this Fl	lorida Profit Corpora	tion adopts the following amend	ment(s) t
If amending name, enter the new na	me of the corporation:			
7/A			The n	1.7.41
ame must be distinguishable and contain 'Inc.," or Co.," or the designation "C 'chartered," "professional association," 3. Enter new principal office address,	Torp," "Inc," or "Co" A , ' or the abbreviation "P.A"	professional co-pora NiA	iton name must contain the wi	ord ord
Principal office address MUST BE A S				- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		_
				_
). If amending the registered agent as new registered agent and/or the ne	nd/or registered office addre w registered office address:	ss in Florida, enter t	he name of the	
Name of New Registered Agent	CHARLES R. SHOFFNER	<u> </u>		
	2700 UNIVERSIRY BLVD W STE A-2			
	(Floridu sireer address)			
New Registered Office Address	JACKSONVILLE, FL		, Flonda 32217	
		Cig.)	(Zip Code)	_

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

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 ar 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 neld. President, Trensurer, 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	PT	<u>Iohn Doe</u>		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Adć	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Tille	<u>Name</u>	Address	
1) Change	P,D	PAUL SCHAEFER	2700 UNIVERSITY BLVD W	
Add			STE A-2	
X Remove			JACKSONVILLE, FL 32217	
2) Change	P,D	CHARLES R. SHOFFNER	2700 UNIVERSITY BLVD W	
X Add			STE A-2	
Remove 3) Change		_	JACKSONVILLE, FL 32217	
Ädd				
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)

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
MA Effective date if applicable:	Y 6, 2024	
Effective date if applicable.	(no more than 90 days after one	endment file date)
Note: If the date inserted in this document's effective date on the D		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of director	rs without shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of vote ufficient for approval.	es east for the amendment(s)
. ,	proved by the shareholders through voting gro r each voting group entitled to vote separately	, ,
"The number of votes cas	t for the amenoment(s) was/were sufficient for	approval
by		"
	(voting group)	
MAY 6, 2 Dated	1024 M. N. VI M. M.	
Signature	UNIVED & STROVING	
selecti	firector, president or other officer – if directors ed, by an incorporator – if in the hands of a rec ited fiduciary by that fiduciary)	
	CHARLES R. SHOFFNER	
	(Typed or printed name of person	signing)
	PRESIDENT DIRECTOR	

(Title of person signing)

2024 HAY -8 AM 11.