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To:

Division of Corporations

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From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I2000000168 Phone : (727)322-0909

Fax Number : (727)322-0505

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DNDPA@TAMOLDAY, RR. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN JAQUELIN COONS, PA

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MAR 2 5 2020

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Articles of Amendment to Articles of Incorporation of

| JAQUELIN COONS, PA | | | | |
|---|--------------------------|------------------------|--------------------------|--|
| (Name of Corp | poration as currently | filed with the Florid | la Dept. of State) | |
| P20000021160 | | | | |
| (I | Document Number of | Corporation (if know | n) . | |
| Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation: | Florida Statutes, this F | Iorida Profit Corpor | ation adopts the follow | ring amendment(s) to |
| A. If amending name, enter the new name of | the corporation: | | | |
| JAQUELINE COONS, PA | | | | The new |
| name must be distinguishable and contain the vo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the | "Inc," or "Co". A | | | ution "Corp.," |
| B. Enter new principal office address, if appli | | | | |
| (Principal office address MUST BE A STREET | TADDRESS) | • | | |
| | | | | |
| C. Enter new mailing address, if applicable: | | | | . |
| (Mailing address MAY BE A POST OFFIC | | | | |
| | | | | |
| D. If amending the registered agent and/or re | | | the name of the | 26 S |
| new registered agent and/or the new regist | tered office address: | | | F 11_ 2020 MAR 24 SECRETARY ALLAHASSI |
| Name of New Registered Agent | | | | - \$55 56 |
| | | | | 24 AA |
| | (Florida stre | et addressj | | |
| New Registered Office Address: | | | , Florida | FLO A |
| | (| City) | (Zi | r Code > . |
| | | · | | 3, 0 |
| New Registered Agent's Signature, if changing | a Panistanad Agants | | | |
| I hereby accept the appointment as registered ag | gent. I am familiar w | ith and accept the obl | igations of the position | ı. |
| | | | | |
| | | | | |
| · | Signature of Non Do | gistered Agent, if cha | naina | _ |
| | OIZHUHHE OJ IVEW KE | қығғей лідеті, іј спа | ARMIR. | |
| Check if applicable The amendment(s) is/are being filed pursuant | . to s. 607.0120 (11) (| e), F.S. | | |

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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 Doc | | 7. 2 |
|----------------------------|-----------|-------------|-----------------|------------------------------|
| X Remove | <u>v</u> | Mike Jones | | 2020 HAR SECRET TALLAH |
| <u>X</u> Add | YZ | Sally Smith | | AR Z4 KETARY AHASSI |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s | RY OF SSEE.F |
| 1) Change | | | | |
| Add | | | <i></i> | 50 |
| Remove | | | | |
| 2) Change | | _ | - | |
| Add | | | · | ····· |
| Remove 3) Change | | | ····· | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | **** | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| δ)Change | | - <u></u> | | |
| Add | | | | |
| Remove | | | | |

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| (Attach additional sheets, if necessary). (Be specific) | | |
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| · | m. | À |
| . If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | 1 477 | Ó |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | 10/ 1/2/ | ა :: |
| (i) not approvate, material (ii) | | |
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| The date of each amendment(| s) adoption; | _, if other than the |
|--|--|-------------------------|
| date this document was signed. | 22/10/2020 | |
| Effective date if applicable: | 03/10/2020 | |
| <u></u> | (no more than 90 days after amendment file date) | |
| | is block does not meet the applicable statutory filing requirements, this date will e Department of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors without shareholder action and | shareholder |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. | |
| must be separately provided | e approved by the shareholders through voting groups. The following statement If for each voting group entitled to vote separately on the amendment(s): Cast for the amendment(s) was/were sufficient for approval (voting group) | 2020 HAR 24 SECRETAR |
| sel | 1,000,000 T. (1,000,000) | L AM 9: 20 |
| | JAQUELINE COONS | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person cinning) | |

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