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SECREDISCOSE PARE

of 3/10/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Chris C	huck PA		
DOCUMENT NUMBE	:R: <u>P200000</u>	71567		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_	<u>Christopher</u> Cha	Michael Chuc Name of Contact Person 5 Chuck PA	.k	
Chas Chuck PA Firm/ Company				
_	11235 M	acseilles Bluck Address		
	Clorman	City/ State and Zip Code		
		City/ State and Zip Code	2	
-	E-mail address: (to be us	nuck 8700 grown sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Chris Chu	rk	at (<u>407</u>	538-6836	
Name of Contact Person at (407) 538 - 6836 Area Code & Daytime Telephone		de & Daytime Telephone Number		
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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

FILED

Chris Ct	ruck P. A) . 2022 H	AR -2 - AM II: 28 -
(Name of Corporation as current)	y filed with the Flor	ida Dept. of State)	
P 200000 715	ъ·7	SECTO	STATE
(Document Number o		wn)	AT AUSEE, FL
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corpo	oration adopts the following	owing amendment(s) to
A. If amending name, enter the new name of the corporation:			
Christopher Michael Chuck	P.A		The new
name must be distinguishable and contain the word "corporation," "or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorp A professional corpo	porated" or the abbre oration name must c	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)			
			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		<u>-</u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		r the name of the	<u> </u>
Name of New Registered Agent V/A			
(Florida str	vet address)		
New Revistered Office Address:		Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	: with and accept the o	bligations of the posi	tion.
N/A Signature of New R			
Signature of New R	egistered Agent, if ch	hanging	
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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2)Change			
Add		·	
Remove Change			
Add		•	
Remove			
4) Change		_ N/A	
Add		,	
Remove			
5) Change		NA	
Add		,	
Remove			
6) Change		N/A	
Add		•	
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary).	<u>ticles, enter cha</u> . (Be specific)	inge(s) here:			
A:/n					
N/A					
					
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f an amendment provides for an exc	change, reclassi	fication <u>, or can</u>	cellation of is	sued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	<u>iendment if not</u>	contained in th	<u>ie amendmen</u>	<u>t itselt:</u>	
NA					
			<u>-</u>		
				_	<u> </u>

The date of each amendment(s) adoption: date this document was signed.	N/A	, if other than the
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does redocument's effective date on the Department of		ements, this date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	re shareholders through voting groups. The forgroup entitled to vote separately on the amer	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	ting group)	
(vo.	ting group)	
Dated 02/07/202 Signature By a director, pres	2 Sident or other officer – if directors or officers	have not been
selected, by an inc	orporator – if in the hands of a receiver, truste y by that fiduciary)	
<i>Ch</i>	(Typed or printed name of person signing)	·
	President	
	(Title of person signing)	