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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: R. D. NICHOLS &	ASSOCIATES, INC			
	BER: P20000092751				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	PAULA PARADA				
		Name of Contact Perso	n		
	WALTER'S SANDERS & ASSOCIATES PA				
		Firm/ Company			
	16528 N DALE MABRY HV	VY			
		Address	<u></u>		
	TAMPA FLORIDA 33618				
		City/ State and Zip Cod	e		
	PAULA@WALTERSANDE	RS.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call: at (, 9610094		
Name	of Contact Person	Area Co)de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Mailing Address			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

R. D. NICHOLS & ASSOCIATES, INC

(Name of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e</u>)
P20000092751		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation:		
		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.A.	A professional corporation name mu.	st contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
		72
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		•—•
	·	3
		
D. If amending the registered agent and/or registered office add		02
new registered agent and/or the new registered office addres	<u>ss:</u>	
Name of New Registered Agent NIA		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(Ciṇ)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the p	osition .
Signature of New	Registered Agent, if changing	
Check if applicable) ()	
\square The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (e), r.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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change	S/T	JULI S NICHOLS	4929 WILLOW RIDGE TERRACI
Add		· · · · · · · · · · · · · · · · · · ·	VALRICO FL 33596
Remove			
2) Change	P	ROBERT D NICHOLS	4929 WILLOW RIDGE TERACE
X Add			VALRICO FL 33596
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
) Change			
Add			
Remove			

	ing additional Arti eets, if necessary).	(Be specific)				
/A						
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If an amendment pr	ovides for an eveh	anua raclassifi	ention or concell	ntion of icound sh		
<u>provisions for impl</u>	<u>lementing</u> the amer	ndment if not co	entained in the a	mendment itself:	iai es,	
(if not applicable	le, indicate N/A)	·			•	
4						
					- 	
			 			
					_	<u>.</u>

	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
N/a	4	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this dat department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adaction was not required.	dopted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
12/07/2020	0	
Dated		
Signature/	Robert al Nichels	
(By a c	lirector, president or other officer - if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)	
	ROBERT D NICHOLS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	