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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF COR	PORATION: R. D. NICHOLS &	: ASSOCIATES, INC	
DOCUMENT N	UMBER: P20000092751		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	JULI'S NICHOLS		
		Name of Contact Person	n
	R. D. NICHOLS & ASSOCI	ATES, INC	
	<u> </u>	Firm/ Company	-
	4929 WILLOW RIDGE TER	RRACE	
		Address	
	VALRICO, FL 33596		
		City/ State and Zip Cod	e
	CHAINLINKSVT@GMAIL	.СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:at (774-0754
N:	ime of Contact Person	at (Area Co	de & Daytime Telephone Number
	ck for the following amount made		
S35 Filing Fo	ee ☐ \$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	Ameno Divisio The C 2415 :	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

R. D. NICHOLS & ASSOCIATES, INC.		
(Name of Corporation as currer	ntly filed with the Florida Dept. of State)	()
P20000092751		<u></u>
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following am	iendment(
A. If amending name, enter the new name of the corporation:		
N/A	The	e 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	"company," or "incorporated" or the abbreviation "C A professional corporation name must contain the	Corp , "
D. Francisco referent office address if applicables	N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	R. D. NICHOLS & ASSOCIATES, INC	
	4929 WILLOW RIDGE TER	
	VALRICO, Fl. 33596	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent N/A		
Same by wen negative angent		
(Florida	street address)	
N ¹ /A		
New Registered Office Address:		,
	(i iy) (zap (ode)	,
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.	
, 1 -		
NIA		
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:

President: V = Vice President: T = Treasurer: S = Secretary: D = Director: TR = Trustee: C = Chairman or Clerk: CEO = Chief Executive Officer: CEO = 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.

-Xampie: - <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	ROBERT D NICHOLS	4929 WILLOW RIDGE TERRACI
X Add			VALRICO, FL 33596
Remove			
2) X Change	<u>s</u>	JULI S NICHOLS	4929 WILLOW RIDGE TERRACE
Add			VALRICO, FL 33596
Remove Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	•		
Add			
Remove			

	(Be specific)		
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	hange, reclassification, or cance	llation of issued shares.	
If an amendment provides for an exc		1	
If an amendment provides for an exc provisions for implementing the am	endment if not contained in the	amenament its <u>ett:</u>	
provisions for implementing the am	endment if not contained in the	amenament (IseII:	
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provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained in the	amendment useu:	

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• •	
	N/A , if other than the
The date of each amendment(s) adopt date this document was signed.	ion: If other than the
N/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the timent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes east for the amendment(s) :
must be separately provided for eac	ed by the shareholders through voting groups. The following statement th voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
12/14/2020	
Dated	
Signature (By a direct	tor, president or other officer – if directors or officers have not been
selected, b	y an incorporator – if in the hands of a receiver, trustee, or other court
appointed:	fiduciary by that (iduciary)
RC	DBERT D NICHOLS
	(Typed or printed name of person signing)
PR	ESIDENT
	(Title of person signing)