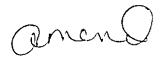
P21000053732

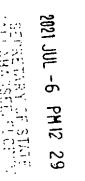
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Zach Davis-Walke	r, P.A.		
	1BER: P21000053732			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	Zach Davis-Walker			
		Name of Contact Person	1	
	Zach Davis-Walker, P.A.			
		Firm/ Company		
	4500 NW 13th Ct			
	Address			
	Lauderhill, FL 33313			
		City/ State and Zip Cod	e	
	Daviswalker.zdw@gmail.cor	n		
		sed for future annual report	notification)	
		·		
For further informat	ion concerning this matter, plea	se call:		
Zach Davis-Walker		at (552-3526	
Name of Contact Person		at (954) 552-3526 Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 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 of

FILED

9891 1111

Zach Davis-Waiker, P.A.		2021 JUL -6 PM 12 29	
(Name	of Corporation as current	ly filed with the Florida Dept. of State)	
P21000053732	AHAREE STATE		
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
Not Applicable		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc, " or "Co",	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address,	if annlicable:	Not Applicable	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)	6919 West Broward Blvd.	
		#239	
		Plantation, FL 33317	
D. If amending the registered agent ar			
new registered agent and/or the ne	w registered office addres	<u>s:</u>	
Name of New Registered Agent	Not Applicable		
•			
	Florida st	reet address)	
N D : 100 411	Not Applicable	P 1	
New Registered Office Address:		, Florida	
New Registered Agent's Signature, if o			
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligations of the position.	
	Signature of New F	Registered Agent, if changing	
Check if applicable			

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example: X Change	PT	John Do	<u>oc</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add		_		
Remove				
remove				

(Attach additional sheets, if necessary). (Be specific)	
N/A	
	·
·	
F. If an amendment provides for an exchange, reclassification, or cance	illation of iccuad charac
provisions for implementing the amendment if not contained in the	amendment itself:
(if not applicable, indicate N/A)	
N/A	
	——————————————————————————————————————

The date of each amendment(s) a	deption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	block does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendatificient for approval.	ment(s)
	proved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
· /	(voting group)	
øblecte.	irector, prosident or other officer – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary) Zachery Davis-Walker, Esq.	
V	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	