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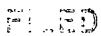
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: GREG	OLSEN P.A.		_
DOCUMENT NUMBE	R:	21000098344		-
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
_	GRES 01	SCP Name of Contact Person	n	Counselors AT LAN
_	CHANFA	Firm/ Company	U, ATTOMORYS Y	Counscions At Lan
_	701 N.	PENINSUA DR	L .	
_	DAYTON	A BFACH FL 3 City/ State and Zip Code	52118	<u></u>
_			COM notification)	-
For further information e	oncerning this matter, pleas	e call:		
	OUSGA Contact Person	at (<u>386</u> Area Co		umber
Enclosed is a check for the	he following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	X 43.75 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)	
	g Address Iment Section		Address Iment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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



GREG OLSEN	ρ.Α.	, , , , , , , , , , , , , , , , , , ,
(Name of Corporation as currently	filed with the Florida Dept	orsall? DEC 19 PM 1:31
PZ100009	8344	SEDA BATE (ALLA MASSEE, FL
(Document Number of	Corporation (if known)	TALL A ASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "co	4.	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" o professional corporation na	or the abbreviation "Corp.," ime must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent		e of the
(Florida stree	the Albertain	
	a aaaress)	
New Registered Office Address:	City)	Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	ith and accept the obligations	of the position.
Cimmon, CV D	sistemal Amount of all and in	
	gistered 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:

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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	Title		<u>Name</u>	NA	<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					

	v). (Be specific)				
NIA					
- 1912		-	<u>-</u>		_
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n amendment provides for an ex	change, reclassific	ation, or cancellat	ion of issued shar	es.	
	nendment if not co	ntained in the am	endment itself:		
<u>ovisions for implementing the an</u>					
ovisions for implementing the an (if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
<u>ovisions for implementing the an</u>			<u> </u>		
(if not applicable, indicate N/A)		200000			<u></u>
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(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					

The date of each amendment(s) adoption:date this document was signed.	DATE SIENED	, if other than the
Effective date <u>if applicable</u> :		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requirements, the 's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE	
The amendment(s) was/were adopted by the incorpaction was not required.	porators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the sharel by the shareholders was/were sufficient for appro-	holders. The number of votes cast for the amendm	nent(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting group		itement
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by(voting gr		
(voting gr	oup)	
Dated1Z/16/2Z		
Signature (By a director, president of selected, by an incorpora appointed fiduciary by the	or other officer – if directors or officers have not be tor – if in the hands of a receiver, trustee, or other at fiduciary)	een court
(Type)	ORCEON OLSCA) I or printed name of person signing)	
	LES 10647	
	of person signing)	