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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : MCCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY,
 Account Number : I19990000170
 Phone : (772) 286-1700
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MCCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY, P.A.

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TALLAHASSEE, FLORIDA

**AMENDMENT TO THE ARTICLES OF INCORPORATION
OF
McCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY, P.A.**

Pursuant to the provisions of Section 607.1006, Florida Statutes, the Articles of Incorporation of the above-named corporation (the "Corporation"), filed with the Department of State on December 15, 1992, and assigned Charter Number P92000012003, are hereby amended pursuant to a written consent in lieu of meeting executed by all the Shareholders and all of the Corporation's Directors on November 6, 2008, as follows:

ARTICLE I

ARTICLE I is hereby amended to read as follows:

The name of this corporation is MCCARTHY, SUMMERS, BOBKO, WOOD & SAWYER, P.A.

ARTICLE II

This Amendment to the Articles of Incorporation was adopted by the shareholders and directors on November 6, 2008.

ARTICLE III

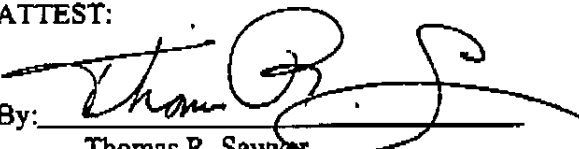
The undersigned, being the President and Assistant Secretary of MCCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY, P.A., hereby certify that the above and foregoing Amendment to the Articles of Incorporation was adopted as aforesaid on November 6, 2008.

IN WITNESS WHEREOF, we have hereunto set our hands and the seal of the Corporation on 2008.

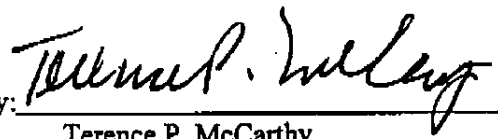
McCARTHY, SUMMERS, BOBKO, WOOD,
SAWYER & PERRY, P.A., a Florida
corporation

ATTEST:

By:


Thomas R. Sawyer,
Assistant Secretary

By:


Terence P. McCarthy,
President

[CORPORATE SEAL]

STATE OF FLORIDA
COUNTY OF MARTIN

THE FOREGOING INSTRUMENT was acknowledged before me this 6th day of November, 2008, by Terence P. McCarthy and Thomas R. Sawyer, President and Assistant Secretary respectively of McCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY, P.A., a Florida corporation, on behalf of the corporation, who ☒ are personally known to me or ☐ have produced _____ as identification.

[Printed Name]

Notary Public, State of Florida

My Commission expires:



[Notarial Seal]