P930006/89

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300307533103

01/12/18--01009--003 **35.00

JAN 1 6 2018

THE JAN 12 PK 4: 33

COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

name of corporation: JOHN W BOYER, P.A. DOCUMENT NUMBER: P930000 61887						
P93000061887						
DOCUMENT NUMBER: 1 130000 6 100 1						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
John W BOYER Name of Contact Person						
JOHN W BOYER CRA, PA. Firm/ Company						
<u> </u>						
3300 PGA BLVD Ste 625						
Prim Beach Gardens 71 33410 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JOHN W BOYER at (501) 622.1974 Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee						
Mailing Address Street Address						
Amendment Section Amendment Section Division of Corporations Division of Corporations						

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

JOHN W. BOYER RA, (Name of Corporation as currently filed with the Florida Dept. of State)

P930000 61887
(Document Number of Corporation (if known)

resume to the provisions of section 607 1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

JOHN W. BOYER C.P.A., P.A. me must be distinguishable and contain the word "corporation," "company," or "incorporated" orp., ""Inc.," or Co., " or the designation "Corp.," "Inc.," or "Co". A professional corporation nord "chartered," "professional association." or the abbreviation "P.A." Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The new or the abbreviation ame must contain the
Enter new mailing address, if applicable:	18 IALL
	¥ ALL
(Mailing address MAY BE A POST OFFICE BOX)	18 ∏ALL
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	ASSEE, FL
Name of New Registered Agent	4: 33 080A
(Florida street address)	
New Registered Office Address: , Floric (City)	la(Zip Code)
w Registered Agent's Signature, if changing Registered Agent:	
ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	e position.

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>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
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			

Attach additional sheets, if necessary).	cles, enter change(s) here; (Be specific)
	· · · · · · · · · · · · · · · · · · ·
·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not approximate in 1917)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 1912018 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ient(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	÷r
David V 1/9/17019	
Signature Follow Saye	
Signature & Oliver Say	
(By a director, president or other officer 41t directors or others have not t	
selected, by an incorporator - if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fiduciary)	
JOHN W. BOYER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person significal)	