Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BOWEN, SCHROTH, MAZENKO & BROOME, P.A.

Account Number : I20150000108 Phone : (352)589-1414 Fax Number : (352)589-1726

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dschrotha bruenschoth. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN BOWEN, SCHROTH, MAZENKO & BROOME, P.A.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

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T SICHWAY PETER

From: Amy Hasselbring Fax: 13523895079

To:

Fax: (850) 617-6380

Page: 3 of 7 01/05/2020 9:57 AM

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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|--------------------------------------|---|
| NAME OF CORPORATION: Bowen, Schro | nh, Mazenko & Broome, P.A. | |
| DOCUMENT NUMBER: P93000087834 | | |
| The enclosed Articles of Amendment and fee a | re submitted for filing. | |
| Please return all correspondence concerning thi | s matter to the following: | |
| Derek A. Schroth | | |
| | Name of Contact Person | 1) |
| Bowen, Schroth, Mazenl | ko & Broome, P.A. | |
| | Firm/ Company | |
| 600 Jennings Avenue | , , | |
| | Address | |
| Eustis, FL 32726 | | |
| | City/ State and Zip Cod | 0 |
| dschroth@bowenschroth.com | | |
| · · | be used for future annual report | notification) |
| | | |
| For further information concerning this matter, | please call: | |
| Derek A. Schroth | at (352 | 589-1414 |
| Name of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check for the following amount in | ade payable to the Florida Depa | artment of State: |
| S35 Filing Fee S43.75 Filing Fee Certificate of State | - | S\$2.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 | Amend Divisio The Co 2415 f | Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 |

Fax: 13523895079

To:

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Articles of Amendment 10

| Articles | of Incorporation of | | | | |
|---|---------------------------|---|----------------|----------|------|
| Bowen, Schroth, Mazenko & Broome, P.A. | | | | | |
| (Name of Corporation as co | rrently filed with the I | lorida Dept. of State) | | | |
| P93000087834 | | | 1 | | |
| (Document Nu | mber of Corporation (if l | (nown) | | | |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation: | s, this Florida Profit Co | rporation adopts the fo | flowing amend | ment(s) |) 10 |
| A. If amending name, enter the new name of the corporati | ion: | | | | |
| BowenjSchroth, P.A. | | | The n | mv | |
| 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 | o". A professional co | orporated" or the abbr rporation name must (| eviation "Corp | . " | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | · | | SE | 20 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | AHASSET : | HV 9- NV | TIL |
| D. If amending the registered agent and/or registered offic | ee address in Florida, e | nter the name of the | 60 | ा: अ | 0 |
| new registered agent and/or the new registered office at | ddress: | | | | |
| Name of New Registered Agent | | | | | |
| (Flor | rida street address) | | | | |
| New Registered Office Address: | /*· · · | Florida | (Zin Codei | | |
| | (City) | | (Zip Code) | | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan | | e obligations of the post | ition, | | |
| Signature of i | New Registered Agent, if | Cehanging | | | |

Example:

To:

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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> 17.</u> | John Do | <u>e</u> | | | |
|--|--------------|-------------|--|-------------------------|---------------------|-----------------------|
| X Remove | <u>v</u> | Mike Jo | nes | | | |
| _X Add | <u>27</u> | Sally Sr | <u>uith</u> | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s | | |
| 1) Change | D | _ | Sasha O. Garcia | 600 Jennings Avenue | <i>:</i> | |
| X Add | | | | Eustis, FL 32726 | | |
| Remove | | | | | | |
| 2) Change | Đ | _ | James A. Myers | 600 Jennings Avenue | | |
| X_Add | | | | Eustis, FL 32726 | <u> </u> | |
| Remove 3) Change | | _ | | · | - <u>12</u> 20 | JAN |
| Add | | | | | 135b 19-6 1-0 | 1-6 |
| Remove | | | | | | = |
| 4) Change | | | | | - 57 - 54 | ∵. – '≟ |
| Add | | | | 6 | 9 = | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | - | | | | |
| Add | | | | | , | |
| Remove | | | | | | |
| | | | Page 2 of 4 | | | |
| E. If amending or addin (Attach additional shee | | | cles, enter change(3) here: (Be specific) | | | |

To:

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| | <u> </u> | HAN - |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | 55.2 13.4 | 9 1 |
| provisions for implementing the amendment if not contained in the amendment itself: |] <u></u> | |
| (if not applicable, indicate N/A) | H. (2) | AH II: |
| | 5 <u>2</u> | —ພ |
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| Page 3 of 4 | | |
| | | |
| The date of each amendment(s) adoption:date this document was signed. | , if or | ner than the |
| January 1, 2020 | | |
| Effective date if applicable: (no more than 90 days after amendment file date) | | |

To:

(((H19000374044 3)))
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

| Adoption of Amendment(s) | (CHECK ONE) | |
|---|---|--|
| The amendment(s) was/were adopted by the shareholders was/were sufficients. | y the shareholders. The number of votes easi t for approval. | t for the amendment(s) |
| | by the shareholders through voting groups. To oting group entitled to vote separately on the | |
| "The number of votes east for the | amendment(s) was/were sufficient for appro | oval |
| by 100% of Sharholders | | " |
| 03 | (voting group) | <u> </u> |
| nction was not required. | y the incorporators without shareholder actio | secondary stock in and shareholder stock in and shareholder stock in the shareholder stock in th |
| (By a director, selected, by m | presidentar other officer – if directors or off incorporator – if in the hands of a receiver, iciary by that fiduciary) | trustee, or other court |
| | Derek A. S. | chroth M 5 0 |
| An Philips of General | (Typed or printed name of person signing | g) |
| | Vice-President | Sole Shareholder |
| (Title | of person signing) | |