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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	·
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R. WHITE

13 DEC 19 PM 5: 2 SECREPARY OF STATE ALLAHASSEE, FLORID

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: B.V.M. Financial Corporation DOCUMENT NUMBER: P94000025433 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Debbie Wysocki Name of Contact Person Smith, Bryan & Myers, Inc. Firm/ Company 311 E Park Avenue Address Tallahassee, FL 32301 City/ State and Zip Code dwysocki@smithbryanandmyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Debbie Wysocki 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: □\$52.50 Filing Fee □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **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 to **Articles of Incorporation** of

FILED 13 DEC 19 PM 5: 25

B.V.M. Financial Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P94000025433			
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following ar	mendme
A. If amending name, enter the new na	ame of the corporation:		
N/A		Th	he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	n," "company," or "incorporated" or the abbra Co". A professional corporation name must con P.A."	eviation itain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	
C. Enter new mailing address, if appli		N/A	
		,	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Andrea B. Reilly	,	
Nume of New Registered Agent	N/A		
	(Florida stre	•	
New Registered Office Address:	N/A	Florida N/A	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:		
Si	gnature of New Registered A	gent, if Alanging	

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 Doe	
X Remove	<u>V</u>	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	D	Julie S. Myers	311 E Park Avenue
Add			Tallahassee, FL 32301
Remove			
2) Change	D	Jeff Hartley	311 E Park Avenue
✓ Add			Tallahassee, FL 32301
Remove			
3) Change			
Add		·	
Remove			
4) Change		_	
Add			
Remove			
5) Change	······		
Add			
Remove			
δ) Change		_	
Add			
Remove			

Α	ional sheets, if neces	sary). (De speci	y.~ <i>)</i>		
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<u>If an amend</u>	ment provides for a	ın exchange, recl	assification, or	cancellation of i	ssued shares,
provisions	for implementing the pplicable, indicate in	ne amendment if	not contained i	ı the amendmen	t itself:
(ij noi t		WA)			
	NA				· · · · · · · · · · · · · · · · · · ·

The date of each amenda		12 1	0 13	, if other than the
date this document was sig	gned.	1	1	
Effective date if applical	ole:	12	10/13	
		e than 90 days after an	nendment file date)	
Adoption of Amendmen	t(s) (<u>CHECK ON</u>	E)		
	s/were adopted by the shareholde as/were sufficient for approval.	ers. The number of vot	es cast for the amendment(s)	
	s/were approved by the sharehold ovided for each voting group ent			t
"The number of	votes cast for the amendment(s)	·	approval	
by	(voting group)			
	(voting group))		
action was not required	s/were adopted by the incorporat			
Dated	12/10/13			
 Signatu	re	MA Fr		
	(By a director, president of otl selected, by an incorporator – appointed fiduciary by that fid	if in the hands of a red		
		Matt Bryan		
	(Ту	ped or printed name of	person signing)	_
		President		
		(Title of person signal	enine)	