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JUN 27 2017

COVER LETTER

TO: Amendment Section Division of Corporations PERRET AND ASSOCIATES NAME OF CORPORATION: P950000 17621 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LYNETE L. RICHARDS

Name of Contact Person PERRET AND ASSOCIATES, INC.
Firm/ Company 5627 ATLANTIC BOULEVARD, SUITE 6 Address JACKSONVILLE, FIDEISA City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number LYNÉTTÉ L. RICHAROS 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 enclosed) (Additional Copy is enclosed)

Mailing Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

PERRET AWA ASSOCIATES INC. (Name of Corporation as currently filed with the Florida Dept. of State)

DOC 00	and and	med with the 1704 ide Dopu of State	
	Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	Torida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name o	f the corporation:		TI -
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	Co". A professional corporation name mu.	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NIA	517/10 17
(<u> </u>		
			三 京教
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office addr istered office address:	ess in Florida, enter the name of the	65 C.S.
Name of New Registered Agent	NIA		20 20 E
	(Florida stre	ant address)	
, , , , , , , , , , , , , , , , , , , ,	NIA		
New Registered Office Address:		, Florida (City) (2	Lip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			ın.
	N/A		
	Signature of New R	egistered Agent if changing	

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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	CEC	<u>) </u>	HYNETTE L. RICHARDS	5323 CONTINA AVENUE
Add				JACKSONVIUE, FLORIDA 32277
2) X Change	P		NATHAN P. PERRET	7018 SALAMANCA AVENUE
Add				JACKSONVILLE, FLORIDA
Remove	_			32217
3) Change	<u>P</u>		GLENN M. BROADSTREE	ET J867 N. MANGARIN MEACONS DRIVE
Add				JACKSONYILLE, FLORIDA
Remove				31113
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	eets, if necessary).	(Be specific)			
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an amendment Di	lementing the am	rendment if not c	cation, or cancella contained in the am	endment itself:	<u></u>
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The date of each amendment(s) adoption: _ date this document was signed.	6-19-13	, 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 document's effective date on the Department of	not meet the applicable statutory filing requirements, this date's records.	te will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s approval.)
	the shareholders through voting groups. The following stateme ag group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oling group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholde	г
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated 6	5-17	
selected, by an in-	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other courry by that fiduciary)	t
LYN	ETTE L. RICHARNS	
	(Typed or printed name of person signing)	
CE	0	
	(Title of person signing)	