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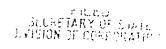
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Crew & Crew, P.A				
DOCUMENT NUM	P96000081804				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Michael H. Crew				
		Name of Contact Persor	1		
	Crew & Crew, P.A.				
		Firm/ Company			
	238 Miracle Strip Pkwy SW				
	Address				
	Fort Walton Beach, FL 3254	8			
		City/ State and Zip Code	e		
mike	@crewlaw.com				
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, pleas		244 0400		
Michael H. Crew		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	iling Address endment Section vision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation



PH 1: 12

	•	of	2016 NOV 1 () PH
Crew & Crew, P.A.				, ,,,
(Name	of Corporation as currer	tly filed with the Flo	orida Dept. of State)	
P96000081804				
	(Document Number	of Corporation (if kn	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corp	poration adopts the following amendm	ent(s)
A. If amending name, enter the new n	ame of the corporation:			
Southern Legal, P.A.			The ne	A?
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associo	nation "Corp," "Inc," or	"Co". A profession	"incorporated" or the abbreviatio	n
B. Enter new principal office address, if applicable:				
Principal office address MUST BE A S		<u> </u>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		n/a		
(Maning dualess MAT DEAT OST	OF FICE BOX			
D. If amending the registered agent ar			er the name of the	
new registered agent and/or the ne		<u>88:</u>		
Name of New Registered Agent	n/a			
	(Florida s	street address)		
New Registered Office Address:	n/a		Etouido	
New Registered Office Address.		(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Ager	<u>ıt:</u>		
hereby accept the appointment as regist	ered agent. I am familiai	r with and accept the	obligations of the position.	

Signature of New Registered 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.

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)	Title	<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			

	(Be specific)
1	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis of indication of issued shares, and an analysis of the amendment itself:
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	October 17, 2016		rially to the the
The date of each amendment(s) add date this document was signed.	option:		ON OF CORL ORATIO
-	mber 1, 2016	2016	NOV 10 PM 1: 12
<u> </u>	(no more than 90 day.	s after amendment file date)	101111111 12
Note: If the date inserted in this blo document's effective date on the Dep		statutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suf		ber of votes cast for the amendn	nent(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through veach voting group entitled to vote s		
	or the amendment(s) was/were suff		
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors withou	out shareholder action and share	holder
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without sl	nareholder action and sharehold	er
November 7	7, 2016		
Signature		- 7 	
selected	rector, president or other officer— , by an incorporator—if in the hand ed fiduciary by that fiduciary)		
	Michael H. Crew		
-	(Typed or printed name	of person signing)	
	Director		
-	(Title of per	rson signing)	

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