## P96000083367

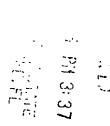
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: BRPH Companies, Inc. DOCUMENT NUMBER: P96000083367 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carolina Canseco Name of Contact Person BRPH Companies, Inc. Firm/ Company 5700 N Harbor City Blvd. Suite 400 Address Melbourne, FL 32940 City/ State and Zip Code ccanseco@brph.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 321 ) 751-2999

Area Code & Daytime Telephone Number Carolina Canseco Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

BRPH Companies, Inc.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

(Name of Corp	oration as currently fi	led with the Florida I	Dept. of State)	
P96000083367				
(1)	Document Number of Co	orporation (if known)	<del></del>	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	rida Profit Corporatio	n adopts the following	ng amendment(s) to
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the woo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc." or "Co". A pi			
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET				<del></del>
	-			
			<del></del>	<del> </del>
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	<u>(E BOX</u> )	· <del></del> .		
	_		<del>-</del> .	
	-			
D. If amending the registered agent and/or re	egistered office address	in Florida, enter the	пате of the	
new registered agent and/or the new regist	tered office address:			
Name of New Registered Agent				<u>,                                     </u>
	_		91.a II	<u> </u>
	(Florida street	uddress)		<u> </u>
New Registered Office Address:			Florida:	)
	(Cit	(v)	(Zip	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		and accept the obligat	tions of the position.	
			-	
	Signature of New Regis	torud famil if ahavai	la.	<del>_</del>
	Signature of tvew nego	четса луст, у спанун	<b>18</b>	

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	PT	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			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
Article VII is hereby amended to read as follows:		
This Corporation shall indemnify its directors and officers to the fullest extent permitted by law.		
<u> </u>		
· · · · · · · · · · · · · · · · · · ·		
<u> </u>		
· · · · · · · · · · · · · · · · · · ·		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
<del></del>		

	12/8/2020	
date this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK_ONE)	
The amendment(s) was/were ade action was not required.	pted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sfficient for approval.	5)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
6/1/2021 Dated		
Signature 10H	1 Monison	
(By a di selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other cour ed fiduciary by that fiduciary)	t
	Robb Morrison	
	(Typed or printed name of person signing)	
	VP, Secretary	
	(Title of person signing)	<del></del>