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FEB - 3 2023	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Davis	and Baxley,	PA.
DOCUMENT NUMBER:	_	•	
The enclosed Articles of Amendo	ment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
	Monica	K Folso	220
		Name of Contact Perso	n
			e A
·		Firm/ Company	
	704 E	LEON ST	
		Address	
Pe	eccu Fl	32347 City/ State and Zip Cod	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City/ State and Zip Cod	e
E-ma	il address: (to be us	sed for future annual report	notification)
	,	•	,
For further information concernit	ng this matter, pleas	se call:	
Matthew (2 Davis	at (850) 997 - 3750 de & Daytime Telephone Number
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Dep	artment of State:
		_	_
_	3.75 Filing Fee & tificate of Status	☐\$43.75 Filing Fee &	-
Cer	tificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy
		enclosed)	(Additional Copy
			is enclosed)
Mailing Addre			Address
Amendment Se			Iment Section
Division of Cor P.O. Box 6327	•		on of Corporations entre of Tallahassee
Tallahassee, FI			N. Monroe Street, Suite 810
i minimore, i i			assee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of C	Corporation as curt	ently filed with the Florida D	ept. of State)
	(IS	60 2 (61	· · · · · · · · · · · · · · · · · · ·
	(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.100 ts Articles of Incorporation:	6, Florida Statutes,	this <i>Florida Profit Corporatio</i>	n adopts the following amend
A. If amending name, enter the new name	of the corporation	<u>ı:</u>	
Davis and Cox		·	The n
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" "chartered," "professional association," or	o," 'Inc," or 'Co'	". A professional corporation	
B. Enter new principal office address, if a	pplicable:	NA	
Principal office address <u>MUST BE A STRI</u>			
		 	
			
C. Enter new mailing address, if applicab	ıle:		
(Mailing address MAY BE A POST OF)		NA	
		 	
D. If amending the registered agent and/o	r registered office	address in Florida, enter the	name of the
new registered agent and/or the new re			
Name of New Registered Agent	NA		
_	(Floria	la street address)	
	,,,,,,,	,	
New Registered Office Address:		(City)	, Florida
		1.000	(134)
New Registered Agent's Signature, if chan	ging Registered As	<u>ient:</u>	
hereby accept the appointment as registered	d agent. I am famil	iar with and accept the obligat	ions of the position.
	U/n.		
	Signature of No	w Registered Agent, if changing	
	wighten only the	Tregiorer en regerni y emingin	0
Check if applicable			

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title 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; C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	<u>emith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Vice Accident	Carrie Lee Baxley	
Add Remove 2) Change Add	Vice paidt	Jeffry William Come Jeffery William Cone	2699 NW Whipporwill in Coreenville F1 3233
Remove 3) Change			
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	• • •
	· · · · · · · · · · · · · · · · · · ·
	
	
	
	
If an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	-

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The date of eac	th amendment(s) adoption: 10 26 2022 if o ent was signed.
Effective da <u>t</u> e <u>i</u>	f applicable:
	(no more than 90 days after amendment file date)
	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be lective date on the Department of State's records.
Adoption of An	mendment(s) (CHECK ONE)
☐ The amendm action was no	tent(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold of required.
The amendm by the share	hent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.
	cent(s) was/were approved by the shareholders through voting groups. The following statement carately provided for each voting group entitled to vote separately on the amendment(s):
"The n	umber of votes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
	Dated 10/26/2022 Signature
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Matthew C. Davis
	(Typed or printed name of person signing)
	President
	(Title of person signing)