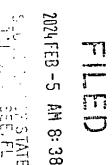
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Delegal & Poinde	exter, P.A.		
	BER: P99000051644			
	of Amendment and fee are s	ubmitted for fil	ing.	
Please return all corre	spondence concerning this m	atter to the follo	owing:	
	James C. Poindexter			
		Name of C	ontact Perso	<u>-</u>
	Delegal Poindexter & Under	rkofler, P.A.		
		Firm/ (Company	
	424 East Monroe Street			
		Ad	dress	
	Jacksonville, Florida 32202			
		City/ State:	and Zip Cod	e
	james@delegal.net			
	E-mail address: (to be u	sed for future a	nnual report	notification)
For further informatio	n concerning this matter, plea	se call:		
James Poindexter		at (904	633-5000
Name o	of Contact Person	,	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the	Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified C (Additional enclosed)	Ору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Delegal & Poindexter, P.A.	•	
(Name of Corporation	on as currently filed with the Flori	dalilem for some
P99000051644		ा। ४ : 38
(Docum	ent Number of Corporation (if know	vin) / Sept STATE
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpor	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
Delegal Poindexter & Underkofler, P.A.		gy)
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corpor	The new orated" or the abbreviation "Corp" ation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BON</u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida, enter	the name of the
Name of New Registered Agent		
<u> </u>	_ .	
	(Florida street address)	
New Registered Office Address:	<u> </u>	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	am familiar with and accept the obli	
Signat	ure of New Registered Agent, if char	1g ing
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, 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> </u>	<u>ddres</u> s
1)Change			<u> </u>	
Add			_	-
Remove				
2) Change				<u></u>
Add				
Remove 3) Change			<u> </u>	
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove				
5) Change				
Add				
Remove				
5) Change				
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) l (Be specific)			
	<u> </u>	<u> </u>		
			<u>_</u>	
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				_
an amendment provides for an excl	nange, reclassification,	or cancellation of issue	ed shares,	
<u>provisions for implementing the ame</u>	ndment if not containe	ed in the amendment it	<u>self:</u>	
(if not applicable, indicate N/A)				
		-		_
	-			
				-
				
				_

The date of each amendment(s) adoptio date this document was signed.	n:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement orting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
by	
· · · · · · · · · · · · · · · · · · ·	(voting group)
January 24, 2024 Dated	
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)
Т. А. "	Tad" Delegal, III
	(Typed or printed name of person signing)
Preside	nt
	(Title of person signing)