## P99000166208

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| Certified Copies        | _ Certificates      | of Status |
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| Special Instructions to | Filina Officer:     |           |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                           | PRATION: Collier Jernigan &  | Goedert PA   |  |
|---|--|--|--|
| DOCUMENT NUN                            | IBER: P99000106208   |  |  |
|   | s of Amendment and fee are su  | bmitted for filing.  |  |
| Please return all corr                  | espondence concerning this ma  | tter to the following:   |  |
|   | Kathi Jernigan   |  |  |
|   |  | Name of Contact Persor   | 1  |
|   | Collier Jernigan Eastman & 7   | Zublick, PA  |  |
|   |  | Firm/ Company  | <del>-</del>   |
|   | 550 NE 25th Ave  |  |  |
|   |  | Address  |  |
|   | Ocala, FL 34470  |  |  |
|   |  | City/ State and Zip Code   | 2  |
|   | kjernigan@colliercpas.com  |  |  |
|   |  | sed for future annual report                                     | notification)  |
| For further informati<br>Kathi Jernigan | on concerning this matter, pleas   |  | 732-5601   |
|   | of Contact Person  | at (at Co  | de & Daytime Telephone Number  |
|   | or the following amount made   | Allea Co.  | ac & Daytine Telephone (Valnoe)  |
| S35 Filing Fee                          | ☐\$43.75 Filing Fee & Certificate of Status  | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                 |
| An<br>Div<br>P.C                        | niling Address<br>nendment Section<br>vision of Corporations<br>D. Box 6327<br>llahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                             | Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

FILED 2021 JAN -4 AM 9: 03

Collier, Jernigan & Goedert PA

| (Name of Corporati  | ion as currently   | filed with the Floric  | la Dept. of State)  | SECRETARY DE ST          |
|---|--------------------|------------------------|---------------------|--------------------------|
| P99000106208  |                    |                        |                     | TALLAHASSEE. F           |
| (Docur  | ment Number of 0   | Corporation (if know   | n)                  |                          |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:   | a Statutes, this F | lorida Profit Corpor   | ation adopts the fo | ollowing amendment(s) to |
| A. If amending name, enter the new name of the c  | orporation:        |                        |                     |                          |
| Collier, Jernigan, Eastman & Zublick PA   |                    |                        |                     | The new                  |
| name must be distinguishable and contain the word "c<br>"Inc.," or Co.," or the designation "Corp," "Inc,<br>"chartered," "professional association," or the abbr | " or "Co". A       |                        |                     |                          |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>  |                    |                        |                     |                          |
|   |                    |                        |                     |                          |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BC</u>  | <u>2X</u> )        |                        |                     |                          |
| D. If amending the registered agent and/or registe new registered agent and/or the new registered   |                    | ss in Florida, enter   | the name of the     |                          |
| Name of New Registered Agent  |                    |                        | <del></del>         | <del></del>              |
|   |                    |                        | _                   | <del></del>              |
|   | (Florida stree     | rt address)            |                     |                          |
| New Registered Office Address:  | 10                 | City)                  | , Florida           | (Zip Code)               |
| ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.  | gistered Agent:    | th and accent the ob   | liantions of the no | vition                   |
| чегеоў ассері іне арроінітені as regisierea ageni.  | i am jaminar wi    | т ана ассері те оог    | ідинонь оў ше ро    | mova.                    |
|   | - CM- D            | Same Cale              |                     |                          |
| Sign  | iature oj New Reg  | gistered Agent, if cha | ицииц               |                          |

eck 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.

| X Change                   | <u>PT</u>       | John Do      | <u>oe</u>   |                 |
|----------------------------|-----------------|--------------|-------------|-----------------|
| X Remove                   | $\underline{V}$ | Mike Jo      | nes         |                 |
| X Add                      | <u>sv</u>       | Sally Sn     | nith        |                 |
| Type of Action (Check One) | <u>Title</u>    |              | <u>Name</u> | <u>Addres</u> s |
| 1) Change                  |                 | _            |             |                 |
| Add                        |                 |              |             |                 |
| Remove                     |                 |              |             |                 |
| 2) Change                  |                 | _            |             |                 |
| Adđ                        |                 |              |             |                 |
| Remove 3) Change           |                 | <del>_</del> |             |                 |
| Add                        |                 |              |             |                 |
| Remove                     |                 |              |             |                 |
| 4) Change                  |                 | _            |             |                 |
| Add                        |                 |              |             |                 |
| Remove                     |                 |              |             |                 |
| 5) Change                  |                 | _            |             |                 |
| Add                        |                 |              |             |                 |
| Remove                     |                 |              |             |                 |
| 6)Change                   |                 | _            |             |                 |
| Add                        |                 |              |             |                 |
| Remove                     |                 |              |             |                 |

| Attach additional sheets, if necessary). (Be specific) |                                       |                    |                    |             |
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| an amendment provides for an ex-                       | change reclassificat                  | ion or cancellatio | n of issued chares |             |
| rovisions for implementing the an                      | rendment if not cont                  | ained in the amen  | dment itself:      |             |
| (if not applicable, indicate N/A)                      |                                       |                    |                    |             |
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| The date of each am ate this document w | endment(s) adoption.   | , if other than the           |
|---|--|-------------------------------|
| ate this document wi                    | ainmed   |                               |
|   | as signed.  January 1, 2021  |                               |
| ffective date if app                    | licable:   |                               |
|   | licable: (no more than 90 days after amendment file date)  |                               |
| ote: If the date insocument's effective | serted in this block does not meet the applicable statutory filing requirements, this d<br>date on the Department of State's records.  | ate will not be listed as the |
| doption of Amend                        | ment(s) ( <u>CHECK ONE</u> )   |                               |
| The amendment(s<br>action was not req   | ) was/were adopted by the incorporators, or board of directors without shareholder act uired.  | ion and shareholder           |
| The amendment(s) by the shareholde      | ) was/were adopted by the shareholders. The number of votes east for the amendments was/were sufficient for approval.  | t(s)                          |
| must be separated                       | ) was/were approved by the shareholders through voting groups. The following statem by provided for each voting group entitled to vote separately on the amendment(s):  or of votes cast for the amendment(s) was/were sufficient for approval | neni                          |
| by                                      | (voting group)   |                               |
|   | (voting group)   |                               |
|   |  |                               |
| D.                                      | 12/28/20   |                               |
| Da                                      | ted  |                               |
| C:a                                     | mature Hash Jerrya   |                               |
| Sig                                     | (By a director, president or other officer. If directors or officers have not been   | 1                             |
|   | selected, by an incorporator – if in the hands of a receiver, trustee, or other co   | urt                           |
|   | appointed fiduciary by that fiduciary)   |                               |
| •                                       | Kathi Jernigan   |                               |
|   |  |                               |
|   |  |                               |
|   | (Typed or printed name of person signing)  | <del></del>                   |
|   | (Typed or printed name of person signing)  Treasurer   |                               |