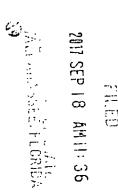
529109

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	S
Special Instructions to Filing Officer:	
Office Use Only	



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C. GOLDEN SEP 1 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Fuqua & Milton	. PA
DOCUMENT NUMBER: S29109	
	submitted for filing.
Please return all correspondence concerning this	natter to the following:
A. Clay Milton	
Fuqua & Milton, PA	Name of Contact Person
	Firm/ Company
P.O. Box 1508	
Marianna, FL 32447	Address
	City/ State and Zip Code
emilton@fmc.legal	· ·
, , , , , , , , , , , , , , , , , , ,	used for future annual report notification)
	•
	ease call:
A. Clay Milton	at (850) 526-2263
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	 e-payable to the Florida Department of State:
■ \$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

or 2017 SEP 18 AM 11: 36

Fuqua & Milton, PA	Zun Sei 10 Airti 00
(Name of Co	rporation as currently filed with the Florida Dept. of State)
\$29109	TALL ANALOGEE, FLORIDA
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607-1006	
its Articles of Incorporation:	
A. If amending name, enter the new name of	of the corporation:
Fuqua, Milton & Carter, PA	The new
	the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the "or the abbreviation "P.A."
B. Enter new principal office address, if ap	
(Principal office address <u>MUST BE A STRE</u>	ETADDRESS)
C. Enter new mailing address, if applicable	
(Mailing address MAY BE A POST OFF	<u>ICE BOX</u>)
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zıp Code)
New Registered Agent's Signature, if chang	ing Registered Agent:
I hereby accept the appointment as registered	agent. I am familiar with and accept the obligations of the position.
	Signature of ivew Kegisterea Agent, if changing

If amending the Officers address of each Officers (Attach additional sheets, Please note the officer/dir	and/or D if necess	irector being aryi	added:	director being removed and title, name, and
P = President; V = Vice I Executive Officer; CFO = held, President, Treasurer Changes should be noted	President = Chief F v, Directo in the fol ves the co	: T= Treasur Financial Offi or would be P Howing mann orporation, S	er: S= Secretary: D= Director: TR= To cer. If an officer/director holds more to TD. er. Currently John Doc is listed as the l lly Smith is named the V and S. These s	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	ne i	Address
1) X Change	VTD	A.	Clay Milton	4450 Lafayette Street
Add				Marianna, FL 32446
Remove				
2) Change	SD	Jet	Trey S. Carter	4450 Lafayette Street
X Add				Marianna, FL 32446
Remove				
3) Change				
Add				
Remove				
4) Change		- —	11	
Add			1	
Remove				
5) Change			1	
Add				
Remove				
6) Change				
Add				

____ Remove

E. If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (Be	specific)
1	
	<u> </u>
F. If an amendment provides for an exchange provisions for implementing the amendment	reclassification, or cancellation of issued shares, not contained in the amendment itself:
(if not applicable, indicate N/A)	
'	
.	
	<u> </u>

September 1, 2017	
The date of each amendment(s) adoption:	, if other than the
October 1, 2017	
Effective date if applicable:	
(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidecument's effective date on the Department of State's records.	irements, this date will not be fisted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The familiar must be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and	
Dated Signature (By a director, president or other officer – If directors or officer	s baye not been
selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
A. Clay Milton	
(Typed or printed name of person signing)	·
Director, Shareholder, Vice-President	
(Title of person signing)	