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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Fuqua, Milton & C	Carter, PA	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	A. Clay Milton		
		Name of Contact Persor	1
	Fuqua, Milton & Carter, PA		
		Firm/ Company	
	P. O. Box 1508		
		Address	·
	Marianna, Fl 32447		
		City/ State and Zip Code	
emilt	on@fmc.legal		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
A. Clay Milton		at (	526-2263
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations Building
	ahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of



	Fuqua, Milton & Carter	, PA	18 FEB -8 P	M
( <u>Name of Co</u>	orporation as currently filed	with the Floric		1.3.04
	\$29109		<b>第一名</b>	- 1. T # 
	(Document Number of Corpo			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida</i>	Profit Corpor	ation adopts the foll	owing amendment(s) t
A. If amending name, enter the new name of	of the corporation:			
Fuqua & Milton, PA				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co". 2			he abbreviation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE.				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF				
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter 1	the name of the	
Name of New Registered Agent		<del></del>		
	(Florida street addr	ess)	<del></del>	
New Registered Office Address:			. Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. I am familiar with and	·		ion.
	Signature of New Registere	ed Agent, if cha	nging	

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	VTSD	A. Clay Milton	4450 Lafayette St
Add			Marianna, Fl 32446
Remove			
2) Change	SD	Jeffery S. Carter	4450 Lafayette St
Add			Marianna, Fl 32446
X Remove			
3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an e	exchange, reclassification, or cancellation of issued sl	nares,
provisions for implementing the a	mendment if not contained in the amendment itself:	nares,
f an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A	mendment if not contained in the amendment itself:	ares,
provisions for implementing the a	mendment if not contained in the amendment itself:	nares.
provisions for implementing the a	mendment if not contained in the amendment itself:	ares,
provisions for implementing the a	mendment if not contained in the amendment itself:	nares.
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provisions for implementing the a	mendment if not contained in the amendment itself:	nares.
provisions for implementing the a	mendment if not contained in the amendment itself:	nares,

	February 1, 2018		
The date of each amendment(s)	adoption:		_, if other than the
date this document was signed.			
u Effective date <u>if applicable</u> :	pon filing		
Effective date <u>n applicable</u> :	(no more than 90 day	ys after amendment file date)	
Note: If the date inserted in thi document's effective date on the		statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were a by the shareholders was/were		nber of votes cast for the amendment(s)	
	approved by the shareholders through for each voting group entitled to vote :	voting groups. The following statement separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were suf	ficient for approval	
by			
~ · · · · · · · · · · · · · · · · · · ·	(voting group)	<del></del>	
☐ The amendment(s) was/were action was not required.	idopted by the board of directors with	out shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without s	shareholder action and shareholder	
2/5/2018 Dated	,		
Signature	7. Clay 11	<del>-</del>	_
	a director, president or other officer -		_
	cted, by an incorporator – if in the han pinted fiduciary by that fiduciary)	nds of a receiver, trustee, or other court	
арро	inted fiductary by that fiductary)		
	A. Clay Milton		
	(Typed or printed name	e of person signing)	<del></del>
	Vice-President, Treasurer, Directo	)r	
	(Title of pe	erson signing)	