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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ELDREDGE AND	DAVIS, P.A.		
DOCUMENT NUM	V33648			
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	MICHAEL R DAVIS			
		Name of Contact Person	n	
	ELDREDGE AND DAVIS,	P.A.		
		Firm/ Company		
	21 OLD KINGS RD N, STE			
		Address		
	PALM COAST, FL 32137			
		City/ State and Zip Cod	e	
MIK	E@ELDREDGEANDDAVIS	COM		
	-	sed for future annual report	notification)	
For further information	on concerning this matter, pleases	se call:	445-2211	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐S43.75 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)	
Mailing Address Amendment Section			Address	
	rision of Corporations	Amendment Section Division of Corporations		
P.C	D. Box 6327	Clifton Building		
Tal	lahassee, FL 32314		Executive Center Circle	
	, · ·		assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

ELDREDGE	AND	DAN	ZIS.	P.A.
----------	-----	-----	------	------

(<u>Name</u>	of Corporation as currently	filed with the Florida De	pt. of State)	
V33648				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following a	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			7	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpo		
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		ş %-	කි
			3.1	
			1	1
C. Enter new mailing address, if appl			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BUA</u>)		· · · · · · · · · · · · · · · · · · ·	
				<u></u>
D. If amending the registered agent ar		ss in Florida, enter the na	ime of the	
new registered agent and/or the new	_			
Name of New Registered Agent	MICHAEL R. DAVIS		<u> </u>	
	21 OLD KINGS RD N, STI	B-212		
	(Florida stree	et address)	·	
New Registered Office Address:	PALM COAST		, Florida	
	(0	City)	(Zip Co	de)
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist		n and accept the obligation	ons of the position.	
	9 /			
	1/1			
	Signature of New Re	gistered Agent, if changing		

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	DAVI O S ELDREDGE	119 FORSYTHE LANE
Add X Remove			PALM COAST, FL 32137
2) X Change	PVST	MICHAEL R DAVIS	21 OLD KINGS RD N, STE B-212
Add			PALM COAST, FL 32137
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article Attach additional sheets, if necessary).	(Be specific)
	·

If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective tlate <u>if applicable</u> :	001 6 1 01 1	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ador by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	sted by the incorporators without shareholder action and shareholder	
5/1/2018 Dated		
Signature		
(By a thr /selected	ector, president or other officer – if directors or officers have not been by un incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)	
1	MICHAEL R DAVIS	
-	(Typed or printed name of person signing)	
F	PRESIDENT	
	(Title of person signing)	