V51479

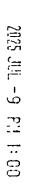
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COVER LETTER

TO: Amendment Section

Division of Corporations 3

NAME OF CORPORATION: KING & LENSON C.P.A. J. P.A. V51479 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company 7000 w Palmetto Park Rd Ste 502 Address Boca Raton FL 33433 City/ State and Zip Code Jennifere Kinglensone PA. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (501) 308-5511

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

King & Lenson C.P.A	is P.A.
	filed with the Florida Dept. of State)
V51479	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Johnson, Barr & Associates Iname must be distinguishable and contain the word "corporation," "co	∩CThe new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 255 JUL - 9
D. If amending the registered agent and/or registered office address: Name of New Registered Agent OCONFC **Total Control of the New Telephone State of t	00
11203 Mill PC	address)
New Registered Office Address: Boyoton B	City) . Florida 33473 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a signature of New Registered Agent.	ith and accept the obligations of the position. gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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	PT John Doc				
X Remove	<u>V</u> <u>Mike Jones</u>	Mike Jones			
X Add	SV Sally Smith	SV Sally Smith			
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s		
1) Change	P Ter	ri King	101 S Ocean Dr 505		
Add		J	Deerfield Beach FL 33441		
Remove					
2) Change	VP Ka-	tre Howarth	9924 Boynton Gardens way		
X_ Add			Boynton Beach FL 33437		
3) Remove	P Jer	nnifer Barr	11203 milleand greens or Boynton Beach FL 33437		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

•
The date of each amendment(s) adoption: 711/2025 , if other than date this document was signed.
Effective date if applicable: 1 2025 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
Dated 6/25/2025
Signature
(By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court

Jennifer Barr (Typed or printed name of person signing)

President
(Title of person signing)

appointed fiduciary by that fiduciary)

the

the