## 30053H

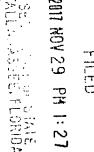
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Oesterle Corporation NAME OF CORPORATION: \_\_\_ 306534 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mark W. Oesterle Name of Contact Person Oesterle Corporation Firm/ Company 1853 Peeler Road, Ste. D Address Dunwoody, GA 30338 City/ State and Zip Code Oesterlecpa@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark W. Oesterle Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2017 HOV 29 PM 1: 27

Oesterle Cor	poration		2017 MUV 29 PM 1:
(Name of	Corporation as current	tly filed with the Florida Dept. of State)	
306534			ALL/ain SECTEUO N
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new nam	e of the corporation:		_
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	on "Corp," "Inc," or	"Co". A professional corporation name	
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )		1853 Peeler Road, Ste.	D
		Dunwoody, GA 30338	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1853 Peeler Road, Ste. I	D
		Dunwoody, GA 30338	
D. If amending the registered agent and/onew registered agent and/or the new registered Agent  Name of New Registered Agent		<b>E</b> .	
THINK OF THE THE SHAPE ASSIM			
<del>-</del>		Blvd., Ste. 101	
New Registered Office Address:	Miami	. Florida	33138
HER REPOILE OF THE PARTY ST.		(City)	(Zip Code)
New Registered Agent's Signature, if char hereby accept the appointment as registere			îllon.
	Signature of New 1	Registered 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	PT John I	<u>.</u>	
X Remove	Y Mike	lones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) <u>*</u> Change	P/S/D	Mark W. Oesterle	1853 Peeler Road, Ste. D
Add			Dunwoody, GA 30338
Remove			
2) x Change	T	Robert A. Oesterle	312 Oglethorpe Blvd.
Add			St. Augustine, FL 32080
Remove			
3) Change	<u> </u>		201 Alhambra Circle, Ste. 705
Add	n / 0 / m / n		Coral Gables, FL 33134
Remove	P/S/T/D	J. Eric Virgil	
4) Change			
Add			
Remove	1		
5) Change			
Add			
Remove			
6) Change			···
Add			
Remove			

	(Be specific)				
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provisions for implementing the am  (if not applicable, indicate N/A)	hange, reclassifies	tion, or cancella tained in the am	endment itself:	eret.	

The date of each amendment(s) adoption: date this document was signed.	November 7, 2017	, if other than the
•		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St		s, this date will not be listed as th
Adoption of Amendment(s) (CHE)	CK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for app		ndment(s)
☐ The amendment(s) was/were approved by the si must be separately provided for each voting gr	hareholders through voting groups. The following roup entitled to vote separately on the amendment	
"The number of votes cast for the amendr	nent(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting	g group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action and shareholder	areholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and shareholder	older
	ant or other officer - if directors or officers have no orator - if in the hands of a receiver, trustee, or other	
appointed fiduciary by		ner count
Mar	k W. Oesterle	•
(Ту	rped or printed name of person signing)	
	President/Secretary/Director	
<del></del>	(Title of person signing)	