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SEGRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Wilson Decker, In	c.	
DOCUMENT NUME	P14000088843 BER:		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Robert Wilson		
-		Name of Contact Person	
	Wilson Decker, Inc	Number Contact Forson	
•		Firm/ Company	
	617 E Beacon Rd		
•		Address	
	Lakeland, FL 33803		
•		City/ State and Zip Cod	e
rwilso	n@wilsonland.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
Robert Wilson		858 at (926-6886
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Wilson Decker, Inc.

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(Name of Corporation a	as currently filed with the Florida Dept. of State)
P14000088843	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u>SSS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signatur	e of New 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	TS&D	_	DECKER, SAMMY	
Add				617 E BEACON RD.
X Remove				LAKELAND, FL 33803
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_	<u> </u>	
Add				
Remove				
5) Change		_		
Add				
Remove				
				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	
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an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis

	April 15, 2017	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Apr	il 14, 2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☑ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sficient for approval.	s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
~)	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
April 17, 2	017	
Dated	J1 /	
Signature	Elus nil	
selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other cour ed fiduciary by that fiduciary)	t
	Robert Wilson	
	(Typed or printed name of person signing)	
	P, D	

(Title of person signing)