160198

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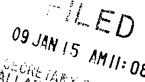
COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Shep	ard Dykes Compan
DOCUMENT NUMBER:	0198
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Lisa Shor (Name of Con	tact Person)
Shepard D (Firm/Co	y kes Company Lendree Church Rd
	ess) 800B Jille, GA 30043
For further information concerning this matter, pleas	e call:
Howard Robbins (Name of Contact Person)	at (251) 454-7766 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation



The Shepard Dykes Companyste, Floriba

(Name of Corporation as currently filed with the Florida Dept. of State)

160198

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. I	f amending	name,	enter	the	new	name	of	the	cor	porat	ion:
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The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name	"Inc.," or Co.," or the designation	n "Corp," "Inc," or
association," or the abbreviation "P.A."		
B. Enter new principal office address, if apple (Principal office address MUST BE A STREET		· · · · · · · · · · · · · · · · · · ·
(Principal office address MOST BE A STREET	ADDRESS	
	- 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	
	<u> </u>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
	, 	
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or re		enter the name of the
new registered agent and/or the new regist	tered office address:	
Name of New Registered Agent:	<u>-</u>	·
New Registered Office Address:	(Florida street address)	
		. Florida
-	(City)	, Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

<u>Tit</u>	<u>e Name</u>	Address	<u>Type</u>	of Action
<u>5</u>	ec Lisa Short	268 Chat Clarkesv	16 en 0 A 11 e, 6A 0 R 30523	dd emove
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			□ A	
F.	If an amendment provides for an exchange, re	eclassification, or canc	ellation of issued sh	ares,
	provisions for implementing the amendment i (if not applicable, indicate N/A)	if not contained in the	amendment itself:	

The date of	each amendmen	t(s) adoption: _	De	cem'	Der Z	9,2	8001
	ite <u>if applicable</u> :		cemb	Der	29,20	80	<u> </u>
Adoption of	f Amendment(s)	(<u>C</u>	CHECK ONE)			
	ndment(s) was/we nareholders was/w			rs. The num	ber of votes c	ast for the	amendment(s)
	ndment(s) was/we separately provide						
"The	e number of votes	cast for the ame	endment(s) wa	as/were suff	icient for appr	oval	
by _		(voting group)		<u>. </u>			
	endment(s) was/we was not required.	ere adopted by t	he board of di	rectors with	out shareholde	er action a	nd shareholder
	endment(s) was/we as not required.	ere adopted by t	he incorporato	ors without s	hareholder act	ion and sl	nareholder
	Dated	12/29	801				
	sele	a director, pre- ected, by an inconinted fiduciary	orporator – if	in the hands			
			Sard Typed or print	_ .	person signing	<u>\</u>	—
		\mathcal{I})12ec	tor	•		

(Title of person signing)