248072

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	")
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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COVER LETTER

Tallahassee, FL 32314

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	,	COVER LETTER		
TO: Amendment Se Division of Cor				508
NAME OF CORPO		LOST DO	INC	
DOCUMENT NUM	1BER: 248072			_ ? <u>.</u>
The enclosed Article	s of Amendment and fee are si	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		•
	GEAGE BI	JL JK	•	
	REXLOOD L		n	
	1937 58414	Firm/ Company	LAD WEST	·············
	ATLANTIC P	Address	32233	
	1114114116	City/ State and Zip Cod		,
	BULLTOOLQ	MOS. LOA		
H		sed for future annual report	notification)	
or further information	on concerning this matter, pleas	se call:		
SEORGE	BUL JL'	90 +	809-1908	,
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check for	or 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)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div	niling Address mendment Section vision of Corporations	Ameno Divisio	Address Iment Section on of Corporations	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

of

rexwood us	CK	INC
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(Name of Corporation as currently filed with the Florida Dept. of State (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. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (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)

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)	<u> Fitle</u>	<u>Name</u>	. <u>Addres</u> s
1) Change	a	BEVERLY B.PO	
X Add			ST. AUGUSTINE FI
Remove			32084
2) Change			
Add			
Remove			·
3) Change			
Add			
Remove			
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, Add			
Remove			
5) Change			
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Remove			
6) Change			
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Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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f an amendment provides for an exch	nange, reclassification, or ca	incellation of issued shares,
	ndment if not contained in t	the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:	DECEMBEL 2 2015	
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing red Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	or the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the continuous continuo	
"The number of votes of	ast for the amendment(s) was/were sufficient for approva	ıl
by		.,, _,
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder ac-	tion and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action	and shareholder
Dated 12	92 2015	
Signature _		
sele	a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trointed fiduciary by that fiduciary)	
	sporbe bully	
	(Typed or printed name of person signing))
	PRESIDENT DIREC	70L

(Title of person signing)