296023

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DIVISION OF CORPORATION

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Amend

MAR 1 2 2013

T. BROWN

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Schmitt, Inc. DOCUMENT NUMBER: 296023 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel R. Schmitt Name of Contact Person Schmitt, Inc. Firm/ Company 17935 US Highway 19 Address Hudson, FL 34667 City/ State and Zip Code gweber@schmittinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727 868-9531 Area Code & Daytime Telephone Number Gail Weber Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Street Address Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Schmitt, Inc.

(Name of Corporation as	currently filed with the Flo	orida Dept. of State	<u> </u>	- ``55
296023			,	
(Documen	t Number of Corporation (if	known)		-
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corpo	ration adopts the followin	g amendment(s)
A. If amending name, enter the new na	me of the corporation:			
				_The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional		
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>				•
,			- -	_
				-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				_
				_
				_
D. If amending the registered agent an	d/or registered office addre	es in Flarida enter	the name of the	
new registered agent and/or the new		ss in Florida, enter	the name of the	
Name of New Registered Agent	Gail Weber			
	17935 US Highw	vay 19		
	(Florida stre	<u> </u>		
New Registered Office Address:	Hudson		Florida 34667	
New Register ou Office Hadaresis.	(City)		(Zip Code)	_
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist		ith and accept the o	bligations of the position.	
SI	gnature of New Registered A	gent, 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 Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
_X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	STDV	Daniel K. Schmitt	17935 US Hwy 19
Add			Hudson, FL 34667
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional	dding additional Art sheets, if necessary).	(Be specific)	gersy nere.		
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If an amendment	t provides for an exc	hange, reclassific	cation, or cancellat	ion of issued sha	res.
provisions for in	mplementing the amo	endment if not c	ontained in the am	endment itself:	
(if not applie	cable, indicate N/A)				
					
		- Clare e e			· • • • • • • • • • • • • • • • • • • •
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The date of each amendment(s) adoption: 03/01/2013
Effective date if applicable:	03/01/2013
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) the sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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	(voting group)
	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated 3/01 Signature	a director president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	Daniel R. Schmitt
	(Typed or printed name of person signing)
	President
	(Title of person signing)