## 439380

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SECRETARY OF STATE

AUG 2 7 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations VAK PAK, INC. NAME OF CORPORATION: 439380 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dorie M. Robinson Name of Contact Person Vak Pak, Inc. Firm/ Company P.O. Box 17547 Address Jacksonville, FL 32245 City/ State and Zip Code dorie@vakpak.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dorie M. Robinson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

FILED

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## VAK PAK, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) 439380

SECRETARY OF TALE TALLAHASSEE, FLORDA

ment(s) to

(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The nev
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
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)	P.O. Box 17547
	Jacksonville, FL 32245
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
(Florida  New Registered Office Address:  (Continue of the New Registered Agent's Signature, if changing Registere	tty) (Zip Code)  ent: ar 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 <math>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		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>s</u>	David L. Sutherland 8130 Baymeadows Cir		
Add			West Ste. 212	
Remove			Jacksonville, FI 32256	
2) Change	VP	David L. Sutherland	1824 Phoenix Avenue	
✓ Add			Jacksonville, FL 32206	
Remove				
3) Change	S	Robert A. Bentley	1824 Phoenix Avenue	
Add			Jacksonville, FL 32206	
Remove				
4) Change	<del></del>			
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove			······································	

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)		
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lf an amendment provides for an exch	ange, reclassification.	, or cancellation of issue	ed shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	ed in the amendment its	self:
,			
			<u></u>

The date of each amendment(s) adoption: 08/06/2014	_, if other than the
date this document was signed.	
Effective date if applicable: 08/15/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8-13-14	
Signature / Muh/	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Paul L. Sutherland	
(Typed or printed name of person signing)	
President	_
(Title of person signing)	