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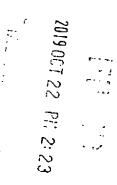
(Requestor's Name) (Address) (Address)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: CUMBEY AND F	AIR, INC.			
DOCUMENT NU					
	es of Amendment and fee are su	bmitted for filing.			
Please return all con	respondence concerning this ma	tter to the following:			
	Timothy E. Bourne				
		Name of Contact Person	n		
	Cumbey and Fair, Inc.				
		Firm/ Company			
	2463 Enterprise Road				
		Address			
	Clearwater, FL 33763				
		City/ State and Zip Cod	c		
acc	ounting@cumbeyfair.com				
		ed for future annual report	notification)		
		•			
For further informat	ion concerning this matter, pleas	e call:			
Timothy Bourne		at (de & Daytime Telephone Number		
Nan	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cumbey and Fair, Inc.				
(Name of Corporation as	currently filed with the	Florida Dept. of State)		
493691				
(Document N	umber of Corporation (if	known)	_	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit C</i>	orporation adopts the followi	ng amen	dment(s)
A. If amending name, enter the new name of the corpora	ition:			
			The	11. 14. 4
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered," "professional association." or the abbre	c," or "Co". A professi		abbrevia	ttion
B. Enter new principal office address, if applicable:		;	20	
(Principal office address MUST BE A STREET ADDRESS	Σ)	i	90	— ,. ,
		<u> </u>	-	- : :
			_ 2	
C. Enter new mailing address, if applicable:		<u> </u>	70	
(Muiling address MAY BE A POST OFFICE BOX)		<u> </u>		
		 ,	2	-
				_
				_
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		nter the name of the		
Name of New Registered Agent				
			_	
	lorida street address)		_	
New Registered Office Address:		. Florida		
New Registerea Office Adaress:	(City)	,	Code)	_
		·		
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		he obligations of the position.		
	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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	David T. Lechner	2509 Meadow Brook Dr.
XAdd			Palm Harbor, FL 34684
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if no	tional Articles, enter char ecessary). (Be specific)			
,	• •			
				
•				
		···-	 .	
				-
				
				
<u></u> <u>_</u>		<u></u> -		
f an amendment provides fo	ar an avehanda radaesifi	satian ar annallatian a	ficenad charac	
provisions for implementing	or an exchange, recrassing	intained in the amendm	ent itself:	
(if not applicable, indica	ite N/A)		••••	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
October 17, 2017 Dated Signature	
(By adirector, 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)	· · · · · · · · · · · · · · · · · · ·
Timothy E. Bourne	
(Typed or printed name of person signing)	
President	
(Title of person signing)	