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| (Re | equestor's Name) | |
| (Ac | idress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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APR 27 2018 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

| DOCUMENT NUM | PRATION: AN CORP | | |
|-------------------------|--|--|--|
| | | | |
| The enclosed Article | s of Amendment and fee are sul | omitted for filing. | |
| Please return all corr | espondence concerning this mat | ter to the following: | |
| | DONNA MESMER | | |
| • | | Name of Contact Person |) |
| | AN CORP | | |
| | | Firm/ Company | |
| | 707 SW 19th Avenue | | |
| | | Address | |
| | Williston, Florida 32696 | | |
| | | City/ State and Zip Code | |
| dme | esmer@ancorp.com | | |
| | | ed for future annual report | notification) |
| | | | |
| For further informati | on concerning this matter, pleas | e call: | |
| Donna Mesmer | | at (352 | 528-7856 |
| Name | e of Contact Person | Area Co |) 528-7856 de & Daytime Telephone Number |
| Contact the state of | or the following amount made t | | ertment of State: |
| Enclosed is a check i | or the following amount made [| payable to the Florida Depa | adment of orace |
| □ \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | Sayable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address |
| □ \$35 Filing Fee M Ar | S43.75 Filing Fee & Certificate of Status ailing Address nendment Section | E\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address ment Section |
| S35 Filing Fee M Ar Di | □\$43.75 Filing Fee & Certificate of Status | Certified Copy (Additional copy is enclosed) Street Amend Division Clifton | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address |

Articles of Amendment to

| AN | CORD | | س (0٪ . همنا اس |
|---|--|--|---|
| (Name of Corporation a | s currently filed with the Flor | ida Dept. of State) | -6 |
| 5 | 1593D | | F. |
| (Document | Number of Corporation (if know | vn) | £20 |
| ction 607.1006, Florida Sta | itutes, this <i>Florida Profit Corpo</i> | ration adopts the following | g amendment(s) |
| ne new name of the corpo | ration: | | |
| | | | The new |
| he designation "Corp," " | Inc," or "Co". A professiona | "incorporated" or the a l corporation name must | bbreviation contain the |
| address, if applicable: TBE A STREET ADDRE | <u></u> | | |
| | | | |
| s, if applicable: A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| | | the name of the | |
| ed Agent | | | - |
| | (Florida street address) | | _ |
| | | | |
| Address: | | , Florida | |
| | (Document ction 607.1006, Florida State of the new name of the corporate and contain the word "the designation "Corp," "al association," or the abbunders, if applicable: TBE A STREET ADDRE (S. if applicable: A POST OFFICE BOX) Lagent and/or registered or the new registered of fixed Agent | (Document Number of Corporation (if known ction 607.1006, Florida Statutes, this Florida Profit Corporation for the new name of the corporation: and contain the word "corporation," "company," or the designation "Corp.," "Inc.," or "Co". A professional all association," or the abbreviation "P.A." address, if applicable: TBE A STREET ADDRESS) is, if applicable: A POST OFFICE BOX) agent and/or registered office address in Florida, enteror the new registered of fice address: ed Agent | (Document Number of Corporation (if known) ction 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following the new name of the corporation: and contain the word "corporation," "company," or "incorporated" or the above designation "Corp," "Inc," or "Co". A professional corporation name must all association," or the abbreviation "P.A." address, if applicable: TBE A STREET ADDRESS) is, if applicable: A POST OFFICE BOX) Lagent and/or registered office address in Florida, enter the name of the or the new registered of fice address: ed Agent |

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>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | • | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 3) Change | · | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 5) Change | | | *** |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach <i>additional s</i> | lding additional Arti sheets, if necessary). | (Be specific) | | | |
|-----------------------------|---|---------------------|---------------------|----------------------|--------------|
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| If an amendment | provides for an exch | ange, reclassificat | ion, or cancellatio | on of issued shares. | |
| provisions for im | iplementing the ame | ndment if not cont | ained in the amen | ndment itself: | |
| (if not applied | able, indicate N/A) | | | | |
| /A | | | | | |
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| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
|---|--|
| Effective date if applicable: | |
| (no m | ore than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet document's effective date on the Department of State's | the applicable statutory filing requirements, this date will not be listed as the records. |
| Adoption of Amendment(s) (CHECK O | NE) |
| ☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval | |
| ☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group e | |
| "The number of votes cast for the amendment(| s) was/were sufficient for approval |
| by(voting grow | <u></u> |
| ☐ The amendment(s) was/were adopted by the board o action was not required. | f directors without shareholder action and shareholder |
| The amendment(s) was/were adopted by the incorporaction was not required. | rators without shareholder action and shareholder |
| | other officer – if directors or officers have not been r – if in the hands of a receiver, trustee, or other court fiduciary) |
| Daniel N. Vaudreu | • |
| | or printed name of person signing) |
| President | |
| | (Title of person signing) |