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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: INGRAM FINAN	CIAL GROUP, INC.						
DOCUMENT NUM	537886							
The enclosed Articles	of Amendment and fee are su	bmitted for filing.						
Please return all corre	spondence concerning this ma	tter to the following:						
	Mark G. Turner, Esquire							
		Name of Contact Person	1					
	STRAUGHN & TURNER, P.A.							
	Firm/ Company							
	255 Magnolia Avenue, Southwest							
	Address							
	Winter Haven, Florida 33880)						
	City/ State and Zip Code							
	mturner@straughnturner.cor	n						
	~ •	sed for future annual report	notification)					
	·	·	·					
For further information	on concerning this matter, pleas	se call:						
Mark G. Turner or Debby Babcock		863 at (293-1184					
Name			de & Daytime Telephone Number					
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:					
☐ \$35 Filing Fee	□\$43.75 Filing Fcc & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

INGRAM FINANCIAL GROUP, INC.

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

537886

(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 cornoration:

The new

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. <u>Fater new principal office address, if applicable</u>: (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applie, ble:
(Malling address MAY BE A POST OFFICE BOX)

18 OCT 17 PK S: 12

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

Michael G. Seymour

799 Overlook Drive

(Florida street address)

Winter Haven

New Registered Office Address: Winter H

(City)

Florida 33884

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am fymiliar with and accept the obligations of the position.

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.

<u>X</u> Change	<u>PT</u>	John Doc				
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	PD	DONNIE E. INGRAM	7 Hickory Way			
Add			Winter Haven, Florida 33881			
XX Remove						
2) Change	PDST	MICHAEL G. SEYMOUR	799 Overlook Way			
XX Add			Winter Haven, Florida 33884			
Remove						
3) Change	*******					
Add						
Remove						
4) Change			-			
Add						
Remove						
5) Change						
Add						
Remove						
6) Change		_				
Add						
Remove						

an amendment provides for an exchange, reclassification, or corovisions for implementing the amendment if not contained in (if not applicable, indicate N/A)			
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provisions for implementing the amendment if not contained in	<u>icellation of is</u>	ssued shares,	
(ij not applicable, indicale N/A)	<u>ac amendmen</u>	t itself:	
		-	
			-

The date of each amendment(s) adoption: date this document was signed.	er than the
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 date will not be lidocument's effective date on the Department of State's records.	sted 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 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	
(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.	
October 16, 2018 Dated Signature (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)	-
MICHAEL G. SEYMOUR	
(Typed or printed name of person signing)	
President	
(Title of person signing)	