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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: William C. Lewis Enterprises, Inc
DOCUMENT NUMBER: 549771
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maurice Arcadier Name of Contact Person Arcadier & associates, P.A. Firm/ Company 2815 W. New Haven ave. Ste 304 Address Melbourne, F1 32904 City/ State and Zip Code City/ State and I aw. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maurice arcadier at (321) 953-5998 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) ## (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 corporation: 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. 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) 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 (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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 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 Do	<u>e</u>				
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>nes</u>				
X Add	<u>sv</u>	Sally Sn	<u> iith</u>				
Type of Action (Check One)	<u>Title</u>		Name			Address	
1) Change	60	_	mary	Bolin	Lewis	3800 US Hu 1 Grant, F1 36	υy
X Add						1 Grant, F1 36	1940
Remove							
2) Change		_					
Add							
Remove							
3) Change		_	_	·	 -		
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Remove							
4) Change		_					
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6) Change		_				· · · · · · · · · · · · · · · · · · ·	
Add							
Remove							

E. If amending or adding a (Attach additional sheets,	additional Article	es, enter chang	<u>e(s) here</u> :		
	if necessary).	(Be specific)			
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F. If an amendment provide	les for an exchan	ige, reclassifica	tion, or cancellat	ion of issued sha	res.
provisions for impleme (if not applicable, in	nting the amend	ment it not cor	itained in the am	enament itseit:	
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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)	
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)	
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 10-13-2014	
Dated 10-13-2014 Signature Mary Bolin Lewis	
(By a director, pr€ident 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)	
MARY Bolin Lewis	•
(Typed or printed name of person signing)	_
- 4	
President	
(Title of person signing)	