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09/08/15--01006--009 **35.80





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:John	R. Wood, Inc.			
DOCUMENT NUMBER	·	553055			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspond	dence concerning this mat	ter to the following:			
		Jane E. Miller			
		Name of Contact Pe	erson		
	John R. Wood, Inc.				
		Firm/ Company	,		
	9130 Corsea Del Fontana Way				
		Address			
		Naples, FL 34109	•		
	 	City/ State and Zip	Code		
		jmiller@johnrwood.	com		
	E-mail address: (to be us	ed for future annual re	port notification)		
For further information cor			650 C150		
Jane E. I		at (
Name of Contact Person Area Code & Daytime Telephone Numb			Code & Daytime Telephone Number		
Enclosed is a check for the	following amount made p	payable to the Florida I	Department of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		An Di ^s Cli	reet Address nendment Section vision of Corporations fton Building 51 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

John R. Wood, Inc.

•	John K. Wood, Inc.
(Name of Corporation	as currently filed with the Florida Dept. of State)
	553055
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word 'Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association," or the abb	"corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered new registered agent and/or the new registered off 	
Name of New Registered Agent	
	(Florida street uddress)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registe	(City) (Zip Code)
,r	
	₹ 5
Signatu	re 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.

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>	Name	<u>Addres</u> s
1) Change	AVP	William W. Wemple	9130 Corsea Del Fontana Way
Add			Naples, FL 34109
Remove			
2) Change	_		
Add			·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding addition track additional sheets, if necessisted	(Be specific)				
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an amendment provides for	an exchange, reclassi	fication, or cancella	tion of issued sl	nares,	
rovisions for implementing t (if not applicable, indicate	<u>the amendment if not</u> : N/A)	contained in the an	<u>nendment itselt:</u>		
(9 11	,				
			·		
					

	9/1/15	
The date of each amendment(s) adop		, if other than the
date this document was signed		
Effective date if and kindle.	9/1/15	
Effective date <u>if applicable</u> :	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block document's effective date on the Depart		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes ient for approval.	cast for the amendment(s)
	ed by the shareholders through voting group the voting group entitled to vote separately of	
"The number of votes cast for	the amendment(s) was/were sufficient for a	pproval
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder	action and shareholder
Dated	September 1, 2015	
Signature	Stil Good	
` •	tor, president or other officer - if directors	
	y an incorporator – if in the hands of a rece fiduciary by that fiduciary)	iver, trustee, or other court
	Phillip R. Wood	
	(Typed or printed name of person s	igning)
	President/Director	
	(Title of person signing	<u> </u>