## 553055

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(De	ocument Number)	
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SECRETARY OF STATE
ANASSEF FLORID

JAN 8 2016 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	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 ma	tter to the following:	
		Jane E. Miller	
Name of Contact P			rson
John R. Wood, Inc.			) <b>.</b>
Firm/ Company			
9130 Corsea Del Fontana Way			na Way
	Address		
Naples, FL 34109			
City/ State and Zip Code			Code
		jmiller@johnrwood.c	om
<del></del>	E-mail address: (to be us		
For further information con	cerning this matter, pleas	se call:	
Jane E. I	Miller	at (	) 659-6150 Code & Daytime Telephone Number
Name of Contact Person		Area	Code & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida D	epartment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & 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)
Division P.O. Box	ent Section of Corporations	Amo Div Clif 266	eet Address endment Section ision of Corporations fron Building 1 Executive Center Circle ahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

John R. Wood, Inc.

(Name of Corporation a	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 Statist Articles of Incorporation:	tatutes, this Floridu Profit Corporation adopts the follo	wing amendmen(s) to
A. If amending name, enter the new name of the corpo	oration:	HASSE The
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	"Inc," or "Co". A professional corporation name m	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered on new registered agent and/or the new registered officers.		
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		<i>n</i> .
Signatur	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.

<u>X</u> 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	AVP	Jerry Sider	9130 Corsea Del Fontana Way
X 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			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	_ <del>_</del>		
				<del>-</del>
		<del></del>		
<del></del>			<del></del>	
<del></del>				
If an amendment provides for an excha	inge, reclassification.	or cancellation	of issued shares	2
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not containe	ed in the amend	ment itself:	
(ij not applicable, mateute wa)				
		<del></del>		
		<del></del>		· · · · · · · · · · · · · · · · · · ·

	1/1/2016	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.	1/1/2017	
Effective date <u>if applicable</u> :	1/1/2016	
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requiren of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the or approval.	amendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amend	
	mendment(s) was/were sufficient for approval	
by	voting group)	
(	voting group)	
action was not required.	he board of directors without shareholder action as the incorporators without shareholder action and shareholder action ac	
	hild Oyral resident or other officer – if directors or officers ha	
	ncorporator – if in the hands of a receiver, trustee, fary by that fiduciary)	or other court
	Phillip R. Wood	
	(Typed or printed name of person signing)	
	President/Director	
<del></del>	(Title of person signing)	