## 553055

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(Ci	ty/State/Zip/Phone	e #)
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Amend

JUL 13 2016 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	John I	R. Wood, Inc.			
DOCUMENT NUMBER:	CUMENT NUMBER: 553055				
The enclosed Articles of Amendme	ent and fee are sub	mitted for filing.			
Please return all correspondence co	ncerning this matte	er to the following	ng:		
		Jane E. M	iller		
	Name of Contact Person				
	John R. Wood, Inc.				
Firm/ Company					
	9130 Corsea Del Fontana Way				
	Address				
	Naples, FL 34109				
	City/ State and Zip Code				
		jmiller@johnrv	vood.com		
E-mail:	address: (to be used			notification)	
For further information concerning  Jane E. Miller	this matter, please	call:	220	650 6150	
Name of Contact Pe		at (	239	) 659-6150 le & Daytime Telephone Number	
Name of Contact Pe	rson		Area Coo	ie & Daytime Telephone Number	
Enclosed is a check for the following	ig amount made pa	yable to the Flo	rida Depa	rtment of State:	
	5 Filing Fee & icate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	у	□\$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			Amenda Division Clifton	Address  ment Section  n of Corporations  Building  kecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	of
John R.	R. Wood, Inc.
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
55	53055
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	75 75
C. Enter new mailing address, if applicable:	TO LE T
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. <u>If amending the registered agent and/or registered office a</u>	address in Florida enter the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Floride	da street address)
New Registered Office Address:	. Florida
- the regions on office radii cos.	(City) (Zip Code)
New Degistered Agent's Signature if changing Degistered Ag	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	gent. liar with and accept the obligations of the position.
	· · · ·
Signature of Ma	Inu Projetanad Agent if shanning
Signature of Ne	lew 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	AVP	Mark Bardo	9130 Corsea Del Fontana Way
Add			Naples, FL 34109
X Remove			
2) Change		·	-
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change	<del></del>	_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(tj not applicable, matcate NA)	
<u> </u>	

	6/30/16	
The date of each amendment(s) ac		, if other than the
date this document was signed.		
	6/30/16	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	t file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing rec partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for ficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	ıl
by	(voting group)	,, 
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action	and shareholder
Dated	July 5, 2016	
メ Signature	Bld Wood	
, J	irector, president or other officer – if directors or officer	
	d, by an incorporator – if in the hands of a receiver, treed fiduciary by that fiduciary)	ustee, or other court
	Phillip R. Wood	
	(Typed or printed name of person signing	)
	President/Director	
	(Title of person signing)	