

# 555055

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# <u>COVER LETTER</u>

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: John R. W	lood Inc.		
DOCUMENT NUM	IBER: <u>55305</u>	5		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	Keriz Rosado			
	•	Name of Contact Person	3	
	John R. Wood Prope			
	<u></u>	Firm/ Company		
	9130 Corsea del	Fontana Way Na	ples, FL 34109	
	<u> </u>	Address		
	Naples, FL 341	09		
		City/ State and Zip Cod	e	
				7
	Krosado@Johnrwoo			 
	E-mail address: (to be u	sed for future annual report	notification)	res les
For further informati	on concerning this matter, plea	se call:		
Keriz Rosad	0	at ( <b>239</b>	659-6105	12
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	:
S35 Filing Fee	43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810	

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

## John R. Wood Inc.

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

## 553055

(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:

		The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abbi	c." or "Co". A professional corpor	orated" or the abbreviation "Corp.," ration name must contain the word
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD	ole: ODRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
		· <u>·</u>
D. If amending the registered agent and/or regist	tered office address in Florida, enter	the name of the
D. If amending the registered agent and/or regist new registered agent and/or the new registered		the name of the
		- ·
new registered agent and/or the new registered	d office address;	- ·
new registered agent and/or the new registered	d office address:  (Florida street address)	ှာ - ့ ့ ့ ့ ့ ့ ့ ့ ့ ့
Name of New Registered Agent	d office address:	
Name of New Registered Agent	d office address:  (Florida street address)  (City)  egistered Agent:	F. C.

### Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	Asst. VP	Allisa Pipes	9130 Corsea Del Fontana Wa
Add			Naples, FL 34109
Remove			
2) Change	VP	Patricia Asencio	9130 Corsea Del Fontana W
Add			Naples, FL 34109
Remove 3) Change			<u></u>
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
რ) Change	<del></del>		
Add			
Remove			

If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	specific)	
· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	
		-
If an amendment provides for an exchange provisions for implementing the amendment	, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:	•
(if not applicable, indicate N/A)		

The date of each date this documen		nent(s) adoption:ned.	, if other than the
Effective date <u>if a</u>	applicabl	e:	
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date von the Department of State's records.	vill not be listed as the
Adoption of Ame	ndment(	s) ( <u>CHECK ONE</u> )	
he amendmen	nt(s) was/ required.	were adopted by the incorporators, or board of directors without shareholder action a	and shareholder
		were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.	
		were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	
"The nun	nber of vo	otes cast for the amendment(s) was/were sufficient for approval	
by		,"	
		(voting group)	
	Dated	10/31/2023	
	Signature	Ron Howard	2
	2	(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)	
		Ron Howard	<b></b> -
		(Typed or printed name of person signing)	±. ⊗
		Executive Vice President of Sales	<u> </u>
		(Title of person signing)	_ <b>+</b>