FK 00000 3017

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	iy/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: Scott Skibbie Incorporated						
DOCUMENT NUMBER: F 15 00000 3017						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Scott A. Skibbie Name of Contact Person Scott Skibbie Incorporated Firm/ Company 116 Jennings Circle Address Tullahoma TN 37388 City/ State and Zip Code Scotte skibbie cpa. com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Scott A. Skibbie at (931) 434-6157 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 Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)						

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Inco	rporation
Scott Skibbie I	acorporated
(Name of Corporation as currently filed with the Flo	
F1500000 30	27
(Document Number of Corporation (if	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:)/A
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". 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>)	116 Jennings Circle Tullahoma, TN 37388
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Tullahoma, TN 37388 III Jennings Circle Tullahoma, TN 37388 Tullahoma, TN 37388
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address: (City)	, Florida (Zip Code)
(Cay)	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith 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	PT John	<u>Doe</u>	11/1	
X Remove	<u>V</u> <u>Mike</u>	Jones	NIA	
_X Add	<u>SV</u> <u>Saily</u>	Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				,
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

<u>I</u> (/	Attach additional sheets, if necessary). (Be specific)	
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Ī	f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	>
_		

The date of each amendment(s) adoption: 8-22-16				
Effective date if applicable: 8-22-16 (no more than 90 days after amendment file date)				
(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)				
(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 8-22-16				
Signature Sont A. Silver				
(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)				
Scott A. Skibbie				
(Typed or printed name of person signing)				
President				
(Title of person signing)				