

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#),
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: WOLK   DOCUMENT NUMBER: G15	ns Associ	AtED Kepely Ir
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	,
Please return all correspondence concerning this mat	-	
Kinberly Watkins 3222 Co Oriando	Name of Contact Person  ASSOCIATE  Firm/ Company  Kine Dr.  Address  FL 35  City/ State and Zip Code	Ste B 803
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas    Contact Person   Property   Pro	at (407	298-0117 de & Daytime Telephone Number
Englosed is a check for the following amount made p	payable to the Florida Depa	ertment of State:
\$35 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)
Mailing Address  Amendment Section  Division of Cornerations	Amend	Address ment Section n of Corporations

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

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

## Articles of Amendment

to

Articles of Incorporation

Watkins Associated R	Lepity, Inc.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	•
<u> </u>		_
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the corporation:	·	
	" " " an " " an " " an tho	_The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "H	Co". A professional corporation name must	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		<del>-</del> .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY DIVISION OF C
		ORPORAFIE
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address;		25 dis
Name of New Registered Agent		
(Florida stre	eet address)	
New Registered Office Address:	, Florida	_
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.	
Signature of New Registered A	gent, if changing	



Example:

X Change

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:

John Doe

<u>PT</u>

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 Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
True of Assism	<u>Title</u>	Nome	<u>Addres</u> s
Type of Action (Check One)	_11tte	<u>Name</u>	<u>Audres</u> s
1) Change Add Remove	ŌD	Robert M. Peck	3222 Corrine Dr. Suite B ORIANDO, FL 32803
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		_	

mending or adding additional Ar ach additional sheets, if necessary)	. (Be specific)			-
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n amendment provides for an exc	change, reclassifi	ication, or car	ncellation of is	sued shares.
ovisions for implementing the am	endment if not c	ontained in t	he amendmen	t itself:
(if not applicable, indicate N/A)				
				··
		·		
		· · · · · · · · · · · · · · · · · · ·	<del></del>	

The date of each amendment(s) ad	loption: April 1, 2012
Effective date <u>if applicable</u> :	April 1, 2012
	(no nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
action was not required.  The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder  pted by the incorporators without shareholder action and shareholder
Dated	13/12 Atreemon
Signature	i A Thlemon
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Lee S. Freeman.
•	(Typed or printed name of person signing)
	Plesident
•	(Title of person signing)