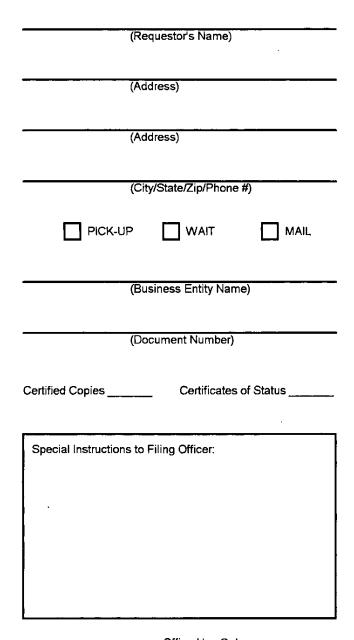
## 646246



Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

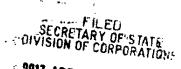
Tallahassee, FL 32314

| NAME OF CORPORATION: _                     | ICERNE DEVEL                               | OPMENT CORPORATIO  | ON OF FLORIDA  |  |  |  |
|--|--|--|--|--|--|--|
| DOCUMENT NUMBER: G4624                     |  |  |  |  |  |  |
| The enclosed Articles of Amendm            | ent and fee are sub                        | emitted for filing.  |  |  |  |  |
| Please return all correspondence co        | oncerning this matt                        | er to the following:   |  |  |  |  |
| JAN HEFL                                   | INGER                                      |  |  |  |  |  |
|  |  | Name of Contact Person   | 1  |  |  |  |
| PICERNE I                                  | PICERNE DEVELOPMENT CORPORATION OF FLORIDA |  |  |  |  |  |
| <u></u>                                    | Firm/ Company                              |  |  |  |  |  |
| 247 N. WE                                  | STMONTE DRIV                               | E  |  |  |  |  |
|  | Address                                    |  |  |  |  |  |
| ALTAMON                                    | ALTAMONTE SPRINGS, FL 32714                |  |  |  |  |  |
|  |  | City/ State and Zip Code   | 2  |  |  |  |
| JHEFLINGER@I                               | PICERNEFL.COM                              | 1  |  |  |  |  |
| E-mail                                     | address: (to be use                        | d for future annual report   | notification)  |  |  |  |
| For further information concerning         | this matter, please                        | call:  |  |  |  |  |
| JAN HEFLINGER                              |  | at ( 407   | 772-0200<br>_) de & Daytime Telephone Number   |  |  |  |
| Name of Contact Person                     |  | Area Co  | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for the followi        | ng amount made pa                          | ayable to the Florida Depa   | rtment of State:   |  |  |  |
|  | 75 Filing Fee & ficate 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 Addres                             |  | Street Address   |  |  |  |  |
| Amendment Section Division of Corporations |  | Amendment Section Division of Corporations                         |  |  |  |  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



PICERNE DEVELOPMENT CORPORATION OF FLORIDA

2017 APR 19 PM 2: 12

| (Name of Corporation as   | currently filed with the Florida Dept. of State)   |
|---|--|
| G46246  |  |
| (Document N   | Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:  | utes, this Florida Profit Corporation adopts the following amendment(s)  |
| A. If amending name, enter the new name of the corpora  | ation:   |
|   | The new  |
| name must be distinguishable and contain the word "co".<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "In<br>word "chartered," "professional association," or the abbre | orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the |
| 3. Enter new principal office address, if applicable:   |  |
| Principal office address <u>MUST BE A STREET ADDRESS</u>  | <u>\$</u> )  |
|   | <del></del>  |
|   |  |
| Enter new mailing address, if applicable:   | · ·  |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |  |
|   | :  |
|   | ·  |
| ). If amending the registered agent and/or registered of  | Figs address in Florida, anter the name of the   |
| new registered agent and/or the new registered office   |  |
| Name of New Registered Agent  |  |
|   |  |
|   | Florida street address)  |
| New Registered Office Address:  | , Florida  |
| Hem Registered Office Address.  | (City) (Zip Code)  |
|   |  |
|   |  |
| lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for  |  |
| ,   | and accept the confidence of the position  |
|   |  |
|   |  |
| Signature o   | 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.

| X Change                      | PT        | John Doe           |                       |  |  |
|-------------------------------|-----------|--------------------|-----------------------|--|--|
| X Remove                      | <u>V</u>  | Mike Jones         |                       |  |  |
| X Add                         | <u>sv</u> | Sally Smith        |                       |  |  |
| Type of Action<br>(Check One) | Title     | <u>Name</u>        | <u>Addres</u> s       |  |  |
| 1) X Change                   | V         | RICHARD R HALEY    | 247 N. WESTMONTE DR   |  |  |
| Add                           |           |                    | ALTAMONTE SPRINGS, FL |  |  |
| Remove                        |           |                    | 32714                 |  |  |
| 2) X Change                   | ST        | JAN HEFLINGER      | 247 N. WESTMONTE DR   |  |  |
| Add                           |           |                    | ALTAMONTE SPRINGS, FL |  |  |
| Remove                        |           |                    | 32714                 |  |  |
| 3) Change                     | V         | EDWARD L. WERNECKE | 247 N. WESTMONTE DR   |  |  |
| X Add                         |           |                    | ALTAMONTE SPRINGS, FL |  |  |
| Remove                        |           |                    | 32714                 |  |  |
|                               |           |                    |                       |  |  |
| 4) Change                     | _         |                    |                       |  |  |
| Add                           |           |                    | <del></del>           |  |  |
| Remove                        |           |                    |                       |  |  |
| 5) Change                     |           |                    |                       |  |  |
| Add                           |           |                    |                       |  |  |
| Remove                        |           |                    |                       |  |  |
| 6) Change                     |           |                    |                       |  |  |
| Add                           |           |                    |                       |  |  |
| Remove                        |           |                    |                       |  |  |

| (Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific)  |
|---|--|
|   |  |
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| <u> </u>                                  |  |
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| <del> </del>                              |  |
|   |  |
| If an amendment provides for an exch      | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)         |  |

| The date of each amendment(s date this document was signed.        | ) adoption:   | , if other than the     |
|--|---|-------------------------|
| Effective date <u>if applicable:</u>                               |   |                         |
|  | (no more than 90 days after amendment file date)  |                         |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requirements, this date wi Department of State's records.  | ll not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                         |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.   |                         |
|  | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  | <i>2</i><br>:           |
| "The number of votes c   | ast for the amendment(s) was/were sufficient for approval   | <u> </u>                |
| by   | 11  |                         |
|  | (voting group)  |                         |
| The amendment(s) was/were action was not required.                 | adopted by the board of directors without shareholder action and shareholder  |                         |
| ☐ The amendment(s) was/were action was not required.               | adopted by the incorporators without shareholder action and shareholder   |                         |
| APRIL<br>Dated   | 11, 2017  |                         |
| Signature  |   |                         |
| (By<br>sele  | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary) | _                       |
|  | ROBERT M PICERNE  |                         |
|  | (Typed or printed name of person signing)   | <del></del>             |
|  | PRESIDENT   |                         |
|  | (Title of person signing)   |                         |