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TO: Amendment Section

Division of Corporations

WMB-ROI, INC. NAME OF CORPORATION: DOCUMENT NUMBER: H14190 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dawn Patterson Name of Contact Person WMB-ROI, INC. Firm/ Company 110 South Kentucky Avenue Address Lakeland, Florida 33801 City/ State and Zip Code mikemurphey@wmb-roi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at $(\frac{863}{\text{Area Code & Daytime Telephone Number}})$ Mike Murphey Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee **□**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WMB-ROI, INC. (Name of Corporation as currently filed with the Florida Dept. of State) H14190 (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: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) N/A 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 with 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	<u>PT</u>	John Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	СМО	_	Matthew R. Craig	110 South Kentucky Avenue
x Add				Lakeland, Florida 33801
Remove			·	
2) Change	CFO	_	Steven J. Boyington	110 South Kentucky Avenue
XAdd		•	7	Lakeland, Florida 33801
Remove				
3) Change		_		
Add				
Remove				-
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
6) Change		- .		
Add				
Remove				

E. If amending or adding additional A (Attach additional sheets, if necessary)	Arficles, enter change(s) here: y). (Be specific)	
N/A	, , , , , , , , , , , , , , , , , , , ,	
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F. If an amendment provides for an e	xchange, reclassification, or cancellation of issued of mendment if not contained in the amendment itself	shares,
provisions for implementing the a (if not applicable, indicate N/A)	mendment if not contained in the amendment_itself	<u>:</u>
N/A	,	
<u> </u>		<u> </u>
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·	3/31/17		
The date of each amendment(s)			, if other than the
date this document was signed.		•	
	1/24/17		
Effective date if applicable:			
	(no more than 90 de	ays after amendment file date)	
Note: If the date inserted in this document's effective date on the I		e statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were a by the shareholders was/were		mber of votes cast for the amendment(s)	
	pproved by the shareholders through or each voting group entitled to vote	h voting groups. The following statemen e separately on the amendment(s):	t
"The number of votes ca	st for the amendment(s) was/were su	afficient for approval	
by		."	
	(voting group)		
action was not required.		hout shareholder action and shareholder shareholder action and shareholder	
action was not required.	•		
DatedSignature	1, 2017 ////////////////////////////////////	_	
	director, president or other officer -	- if directors or officers have not been	
		ands of a receiver, trustee, or other court	
appo	inted fiduciary by that fiduciary)		
	J. Michael Murphey		
	(Typed or printed nam	ne of person signing)	
	C00		
	(Title of p	erson signing)	