

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
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TO JUL 27 AH IQ: 28

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	WMB-ROL	Inc.		
DOCUMENT NUMBER:	1[14190			
The enclosed Articles of Amendm	ent and fee are su	abmitted for filing.		
Please return all correspondence co	oncerning this ma	itter to the following:		
	Dawr	Patterson		
		Name of Contact Person	1	
	WMB-	ROL Inc.		
•	<del></del>	Firm/ Company		
	110 So	uth Kentucky Avenue		
	·	Address		
	Lakela	nd, Florida 33801		
		City/ State and Zip Cod	e	
	mikemurph	ney@wmb-roi.com		
E-mail	•	sed for future annual report	notification)	
For further information concerning	this matter, pleas	se call:		
J. Michael Murphey		at (	de & Daytime Telephone Number	
Name of Contact P	erson	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the followi	ng amount made	payable to the Florida Depa	irtment 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 Address 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

dment FILED

Articles of Incorporation of

19 JUL 27 AM 图 28

WMB-ROL Inc.

SI CARTANA NA DIATE

to

Williams inc.		- X
(Name of Co	rporation as curren	itly filed with the Florida Dept. of State)
H141190		
	(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendm
. If amending name, enter the new name o	of the corporation:	
N/A		The ne
	"Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
3. Enter new principal office address, if applications of the second sec		N/A
Principal office address <u>MUST BE A STREI</u>	TI ADDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
· · · · · · · · · · · · · · · · · · ·		
. If amending the registered agent and/or new registered agent and/or the new reg		
Name of New Registered Agent	N/A	
	(Florida s	street address)
New Registered Office Address:	N/A	. Florida
New Megisterea vojice nata esa.		(City) (Zip Code)
ew Registered Agent's Signature, if chang		
hereby accept the appointment as registered	-	r with and accept the obligations of the position.
	9	
<del>+</del>	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 Doe	
X Remove	$\underline{Y}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Partner	Cory J. Collins	110 South Kentucky Avenue
XAdd			Lakeland, Florida 33801
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

on mann	onal sheets, if nec	vessary). (Be sp	ecific)			
N/A						
		<del> </del>	<u> </u>	<del></del>		
		· · · · · · · · · · · · · · · · · · ·				
		P			<del></del>	
	_					
		<u>.</u>				
f an amend	nent provides for	r an exchange, re	classification, or	cancellation of is	sued shares,	
<u>Drovisions i</u> (if not c	or impiementing pplicable, indicat	<u>the amenument</u>	it not contained	in the amendmen	i itseit:	
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		<del></del>				
-						
		<u>-</u>				
			<del> </del>			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
6/1/18	
Effective date if applicable:	<del></del>
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
July 23, 2018 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not bee	<del></del> en
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
appointed fiduciary by that fiduciary)	
J. Michael Murphey	
(Typed or printed name of person signing)	
COO	
(Title of person signing)	