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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Bk of Destin, la	nc.			
DOCUMENT NUMB	J01175				
The enclosed Articles	of Amendment and fee are sul	bmitted for filin	ng.		
Please return all corres	pondence concerning this mat	ter to the follo	wing:		
	Maxwell J Bruner				
-	Name of Contact Person Bk of Destin, Inc.				
	Firm/ Company 901 Santa Rosa Blvd				
•	Fort Walton Beach, FL 32548				
		City/ State a	nd Zip Cod	e	
max	wellbruner53@yahoo.d	com			
	E-mail address: (to be us	ed for future ar	nual report	notification)	
For further information	concerning this matter, pleas	e call:			
Christie Wilson		at (850	200-3440	
Name o	f Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the I	Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified C (Additional enclosed)	Сору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address ndment Section			Address	
Ame		Amendment Section			

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 of

Bk of Destin, Inc.	of		FILE	ED
(Name of Corporation as cu	reantly filed with the Flo	rida Dent of State)	2013 NOV - 4	AM (0: 10
01175	irrently med with the Fio	rida Dept. of State		
*	Number of Corporation (if h	(noum)	SEGRELIARY TALLAHASSE	E, FLORIDA
· (Document is	dumber of Corporation (if i	diowii)	70	
ursuant to the provisions of section 607.100 s Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporatio	on adopts the following	ng amendment(s
. If amending name, enter the new name	e of the corporation:			
ame must be distinguishable and contain	n the word "corporation.	" "company." or "inc	orporated" or the	The new abbreviation
Corp.," "Inc.," or Co.," or the designati	on "Corp," "Inc," or "C	o". A professional cor		
ord "chartered," "professional association	n," or the abbreviation "P	. <i>A."</i> Bk of Destin, Inc		
Enter new principal office address, if a				_
Principal office address <u>MUST BE A STR</u>	EET ADDRESS)	901 Santa Rosa Blvd		
		Fort Walton Bead	ch, FL 32548	<u> </u>
			•	
Enter new mailing address, if applical				
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)			_
			,	
				_
. If amending the registered agent and/o	or registered office addre	ss in Florida, enter the	name of the	
new registered agent and/or the new r		so in 1 for fau, effect the	nume of the	
	laxwell J. Bruner			
Name of New Registered Agent	01 Santa Rosa Blvd			
_				
_	(Florida stree	t address)	00540	
New Registered Office Address:	ort Walton Beach	, Flo	32548 rida	
	(City)	,,	(Zip Code)	_
lew Registered Agent's Signature, if chai		•		
hereby accept the appointment as registere	ed ageng I am familiar of	is and accept the obliga	tions of the position	
	Knallfold	4-		
Signa	ature of New Registered Ag	ent, 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>e</u>	
X Remove	Y	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		Rita Bruner	381 W Miracle Strip Pkwy
Add				 Mary Esther, FL 32569
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				-
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If amending or adding additional Arti</u>	<u>cles, enter change(s) here</u> :
(Attach additional sheets, if necessary).	(Be specific)
N/A	
1 47 1	
•	
If an amandment provides for an eyeb	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment usen.
N/A	
IN/A	

The date of each amendment(s) adoption:			
Effective date if applicable:			
Effective date <u>n applicable</u> ;	(no more than 90 days after amendment file date)	_	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.		
	proved 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)		
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder		
October Dated	24, 2013		
Signature /	Wead fullen		
	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)		
	Maxwell J. Bruner		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		