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TO: Amendment Section Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 (Additional copy is enclosed) 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

(Name of Corporation as currently fited with the Florida Dept. of State)  (Name of Corporation as currently fited with the Florida Dept. of State)  (Document Number of Corporation (if known)  (Tursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following mendment(s) to its Articles of Incorporation:  (If amending name, enter the new name of the corporation.  (The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the bireviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  (S. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Α	rticles of Incorporation	FILED
The new must be distinguishable and contain the word "corporation," "company," or "incorporation ame must be distinguishable and contain the word "corporation," "or "Co". A professional corporation ame must be distinguishable and contain the word "corporation," "or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )  6. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  7. If amending the registered agent and/or registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  (City)  (Zip Code)	TORY	c Tab	11 MAV 1 -
The new nurst be distinguishable and contain the word "corporation," or "incorporation adopts the following memory, "Inc," or "Co", " or the designation "Corp," "Inc," or "Co". A professional corporation ame must be distinguishable and contain the word "corporation," "roc," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  5. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS    6. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  7. 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:  New Registered Office Address:   (Florida street address)  , Florida  (City) (Zip Code)	(Name of Corporation as curre	ntly filed with the Florida Dept. of	State) SECOND AM 9: 56
The new nurst be distinguishable and contain the word "corporation," or "incorporation adopts the following memory, "Inc," or "Co", " or the designation "Corp," "Inc," or "Co". A professional corporation ame must be distinguishable and contain the word "corporation," "roc," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  5. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS    6. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  7. 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:  New Registered Office Address:   (Florida street address)  , Florida  (City) (Zip Code)	K47928		TALLAHASSEE TO JAIC
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The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable: (Mailing 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:  New Registered Office Address:  (Florida street address)  (City)  (Zip Code)  item Registered Agent's Signature, if changing Registered Agent:	Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida Prof	it Corporation adopts the following
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the bireviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable: (Mailing 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:  New Registered Office Address:  (Florida street address)  Florida (City)  (Zip Code)	A. If amending name, enter the new name of	the corporation:	
bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable: (Mailing 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:  New Registered Office Address:  (Florida street address)  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:			The new
D. Enter new mailing address, if applicable: (Mailing 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:  New Registered Office Address:  (Florida street address)  Florida (City) (Zip Code)	abhreviation "Corp.," "Inc.," or Co.," or the c	designation "Corp," "Inc," or "Co"	'. A professional corporation
(Mailing 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:  New Registered Office Address:  (Florida street address)  Florida (City) (Zip Code)			
Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida  (City)  (Zip Code)  Rew Registered Agent's Signature, if changing Registered Agent:	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	TE BOX)	
New Registered Office Address: (Florida street address) , Florida (City) (Zip Code)  lew Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new regis		enter the name of the
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(City) (Zip Code)  lew Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	(Florida street address)	,
(City) (Zip Code)  lew Registered Agent's Signature, if changing Registered Agent:			. Florida
	•	(City)	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
$\cdot$	hereby accept the appointment as registered ag	gent. I am familiar with and accept t	he 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: (Anach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
VP_	Andrew Cobbe	521 Chat Chasen Quincy Fl 3233	Add Remove
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F Ifamano	ling or adding additional Articles, ente	n ahanga(a) hana	
	ditional sheets, if necessary). (Be spec		
F Ifan an	nendment provides for an exchange, re	alancification on aspectation of	figured shapes
<u>provisio</u>	nenament provides for an exchange, re ons for implementing the amendment if of applicable, indicate N/A)	not contained in the amendme	ent itself:
(IJ III	о аррисате, такие 1974)		

The date of each amendment(	s) adoption: $5-16-11$
E Princettical disease to a security and a	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	
(	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated5	-16-11
Signature X (By a	a director, president or other officer—Indirectors or officers have not been
selec	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Steve Skoper (Typed or printed name of person signing)
	President Director (Title of person signing)