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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Finfrock Enterpris	ses, Inc.	
DOCUMENT NUMBE			
	**Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
S	teven Lockhart		
_		Name of Contact Person	n
F	infrock Enterprises, Inc.		
_		Firm/ Company	
2	400 Apopka Blvd.		
_		Address	
A	popka, FL 32703		
_		City/ State and Zip Cod	e ·
SLocki	nart@Finfrock.com		
	_	sed for future annual report	notification)
For further information of Steven Lockhart	concerning this matter, pleas	se call: at (407	293-4000
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filling Fee	□S43.75 Filing Fee & Certificate 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 Articles of Incorporation of

Fintrock Enterprises, Inc.		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
K96569		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. Il amending name, enter the new name of the corporation:		
Finfrock Holdings, Inc.	The new	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered." "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a	
(i incipul office university artists in A STREET ADDICES.)		
	17:0	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	SECRET	
	2 200 No. 2	F
		ŗ
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addres		`
Name of New Registered Agent	5 5	
(Florida st	treet address)	
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		
, , , , , , , , , , , , , , , , , , , ,	, , ,	
/-		
n/a	Registered Agent if changing	
Manature of New 1	KEVIMETER AVENT. II CHRINGING	

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	PT	John Doe	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary)	
N/A	
·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	indment if not contained in the amendment itself:
N/A	

, if other than the
will not be listed as the

