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A. BUTLER FEB 2 4 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Wealth Manageme	nt Corporation of America.	, Inc
	JMBER:		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	William S. Horak		
		Name of Contact Person	1
	Wealth Management Corpora	ntionof America, Inc	
		Firm/ Company	
	2941 Kerry Forest Parkway		
		Address	
	Tallahassee, FL 32309		
		City/ State and Zip Cod	e
	bill@wealthmanagementcorp	o.com	
		sed for future annual report	notification)
For further inform William S. Horak	ation concerning this matter, pleas	se call:at (894-7526
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State;
S35 Filing Fee	e □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
, 1 1	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>.</u>
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	""company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office addi	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
Hen hegistered Office Hauress.	(City) (Zip Code)
N. D. in the state of St. in the St. in the state of A.	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
Signature of Ma	w Registered Agent, if changing
Signature of Ne	n педыетси луст, у стануту

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

	(Be specific)
	
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f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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