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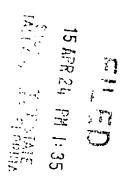
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WCWing	ton Preser	ve Master Hom	courses Ass., Inc.
DOCUMENT NUMBER: NO3000	158010		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		_
Please return all correspondence concerning this matter	r to the following:		<i>일</i> 성 대
Charles 3	Name of Contact Person	2	
Hernicz L	esal Ser (Finn/ Company)	vices, PL	PH 1: 35
15850	(Address)	Creek Road	<u>d</u>
Welling	Oity/ State and Zip Code	33414	
E-mail address: (to be used	for futule annual report r	micz legyl	com
For further information concerning this matter, please of	eall:		
Charles Hern (2 (Name of Contact Person)	at (at (Area Co		ber)
Enclosed is a check for the following amount made pay	vable to the Florida Depa	rtment of State:	
\$35 Filing Fee \$\Bigcup \\$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)	
Mailing Address	Street	Address	

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

(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Lnc." "Company" or "Co." may not be used in the name B. 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) Same as above
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: 15854 Bread Creek Red (Florida street address) New Registered Office Address: Welling Agent. Florida 33414
(City) (Zip Code) New Register ed Agent's Signature, if changing Register ed Agent: I hereby accept the appointment as registered agent. I am filmiliar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 4

. 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 X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	8	Amy Corc	13501 South Shape Blva, #103 Wellington, FC 33414
Remove 2) 💢 Change Add	UP	VISSE Wedell	14155 Palm Beach Poin 981rd Wellington, FL 33914
Remove 3) Change Add	SIT	Charles Hernicz	15854 BoA Creek Rd Well M. FL 33414
Add	\mathcal{O}_{-}	Gery Flora	13833Wellington Trace E4-24 Wellington, FL 33414
Remove 5) Change Add Remove	D	James Gilchrist	12373 Wellington Preserve Blue Wellington, FC 33449
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
NA-AM new officers + director new regulared agent & addresses	5 5
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The date of each amendment(s) addate this document was signed.	loption: March 10, 2015	, if other than the
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 ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or members of members of directors.	pers entitled to vote on the amendment(s). The amendment(s) was/were pers.	
Dated Signature	productions	
	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court	(Typed or printed name of person signing) (Title of person signing)	