## N13000003756

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	all Business Group, I	nc	
DOCUMENT NUMBER: N13000003756			
The enclosed Articles of Amendment and fee ar	e submitted for filing	ζ.	
Please return all correspondence concerning this	s matter to the follow	ing:	
Kevin M.Smith			
	(Name of Con	tact Person)	
Northwest Small Business Group, Inc			
	(Firm/ Co	mpany)	
P.O. Box 43478			
	(Addr	ress)	
Jacksonville, Fl. 32203			
	(City/ State an	d Zip Code)	
E-mail address: (to b	e used for future ann	ual report notification	n)
For further information concerning this matter,	please call:		
Kevin M Smith		904 at	887-0858
(Name of Contact I	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Fl	orida Department of	State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of S	Fee & \$\sum \$\\$43.75\$ Filing tatus Certified Co (Additional enclosed)	opy Certi copy is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sec	tion

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

Northwest Small Business Group, Inc (Name of Corporation as currently filed with the Florida Dept. of State) N13000003756 (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: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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: P.O. Box 43478 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, Fl. 32203 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: (Florida sirect address) New Registered Office Address: Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the 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, a	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	PT V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	P	Kevin M. smith	P.O. Box 43478	3
Add				
Remove			Jacksonville, F	1. 32203
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Chanca				
6) Change	-			
Add				
Remove			<u></u>	

ttach additional sheets, if neo	cessary). (Be sj	nter change(s) he pecific)				
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	f each amendment(s) adocument was signed.	ption:	, if other than the
Effective d	late <u>if applicable</u> :	NA	
	<u></u>	(no more than 90 days after amendment	file date)
	e date inserted in this blocks effective date on the Dep		requirements, this date will not be listed as the
Adoption	of Amendment(s)	(CHECK ONE)	
	mendment(s) was/were ad ere sufficient for approva	opted by the members and the number of votes	s cast for the amendment(s)
	are no members or membed by the board of director	ers entitled to vote on the amendment(s). The	amendment(s) was/were
	Dated 5/20/16	0	
	Signature	Smyll	
	have not bed	nan or vice chairman of the board, president on selected, by an incorporator — if in the hands popointed fiduciary by that fiduciary)	
	Kevin M	Smith	
		(Typed or printed name of person	on signing)
	Presiden		
		(Title of person sign	ning)