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## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ESUBA, INC DOCUMENT NUMBER: N/H00000 5 801 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERTA CARTER

Name of Contact Person Firm/ Company P.O. Box 1516

Address

WOODVILLE FL 32362

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERTA CARTER at (850) 545-2944

Name of Contact Person Area Code & Daytime Telephone Number 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 Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## Articles of Amendment

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| Articl   | es of Incorporation           |                                       |                        |          |
|--|-------------------------------|---------------------------------------|------------------------|----------|
| <u>Esu</u>   | BÅ IN                         | <u> </u>                              | <del></del>            |          |
| (Name of Corporation as curre  | ently filed with the F        | orida Dept. of State)                 |                        |          |
| N14(   | ) () OOO !                    | <u> </u>                              | <del></del>            |          |
| (Document Nun  | aber of Corporation (i        | (known)                               |                        |          |
| Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation: | ites, this <i>Florida Not</i> | For Profit Corporation adopts th      | ne following           |          |
| A. If amending name, enter the new name of the corpora   | ation:                        |                                       |                        |          |
|  |                               |                                       | an an                  |          |
| name must be distinguishable and contain the word "corpor  | ration" or "incarpora         | ted" or the abbreviation "Corv.       | The new<br>" 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 ADDRES.   | <u>S</u> )                    |                                       |                        |          |
|  |                               |                                       |                        |          |
|  |                               |                                       | ·                      |          |
| C. Enter new mailing address, if applicable:   |                               |                                       | 291                    |          |
| (Mailing address MAY BE A POST OFFICE BOX)   |                               |                                       |                        |          |
|  |                               |                                       | 事 言 士                  | 1        |
|  |                               |                                       | 部に                     | _        |
|  |                               |                                       |                        | 1 i<br>— |
| D. If amending the registered agent and/or registered of   |                               | da, enter the name of the             | ب بیر <u> </u>         |          |
| new registered agent and/or the new registered office  | e address:                    |                                       | - · ့ ယ္<br>- · ့ ့    |          |
| Name of New Registered Agent   |                               |                                       |                        |          |
|  |                               |                                       |                        |          |
|  |                               | (Florida street address)              |                        |          |
| New Registered Office Address:   |                               |                                       |                        |          |
|  | ·                             | , Florida                             |                        |          |
|  | (City)                        | (Zip Code)                            |                        |          |
| New Registered Agent's Signature, if changing Register   | ed Agent:                     |                                       |                        |          |
| I hereby accept the appointment as registered agent—I am   | familiar with and acc         | ept the obligations of the position   | n.                     |          |
|  |                               |                                       |                        |          |
|  | Signature of More De          | gistered Agent, if changing           |                        |          |
|  | arguaitie of New Ke           | Emerea Agent, y 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:

(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 Doc 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         John D           V         Mike J           SV         Sally S | <u>ones</u>   |                |
|-----------------------------------|---|---------------|----------------|
| Type of Action<br>(Check One)     | Title   | Name          | Address        |
| 1) V Change                       | <u>P</u>  | Roberta Carte |                |
| Add                               |   |               | VUCODV: 11e Fl |
| Remove                            |   |               | 33506          |
| 2) Change                         | <del> </del>  |               |                |
| Add                               |   |               |                |
| Remove                            |   |               |                |
| 3 ) Change                        |   |               |                |
| Add                               |   |               |                |
| Remove                            |   |               |                |
| 4) Change                         |   |               |                |
| Add                               |   |               |                |
| Remove                            |   |               |                |
| 5) Change                         |   |               |                |
| Add                               |   | ·             |                |
| Remove                            |   |               |                |
| 6) Change                         |   |               |                |
| Add                               |   | ,             |                |
| Remove                            |   |               |                |

| If amending or adding additional is (attach additional sheets, if necessary | ). (Be specific) |                                       |               |                 |              |
|---|------------------|---------------------------------------|---------------|-----------------|--------------|
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| The date of each amendment(s) adoption:   | , if other than the   |
|---|---|
| date this document was signed.  Effective date <u>if applicable</u> : 8-17-20   |   |
| (no more than 90 days after   | r amendment file date)  |
| Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.   | tatutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |   |
| The amendment(s) was/were adopted by the members and the nuwas/were sufficient for approval.  | umber of votes cast for the amendment(s)                          |
| There are no members or members entitled to vote on the amend adopted by the board of directors.  | ment(s). The amendment(s) was/were                                |
| Dated 8-17-2017   | _   |
| Signature & less lette Stricklong   | 2   |
| (By the chairman or vice chairman of the boar have not been selected, by an incorporator – other court appointed fiduciary by that fiduci | if in the hands of a receiver, trustee, or                        |
| ELISABETH STRICE (Typed or printed)   | name of person signing)   |
| PRESIDENT   |   |
| (Title)   | of person signing)  |