## N1500000000503

(Re	questor's Name)	<del></del>
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Provide NAME OF CORPORATION:	ncia WPB, Inc.
N15000006	503
DOCUMENT NUMBER:	<u> </u>
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concern	ng this matter to the following:
Keith Case	
	(Name of Contact Person)
Providencia WBP, Inc.	
	(Firm/ Company)
1300 S Olive Ave	
<u> </u>	(Address)
West Palm Beach, FL 33401	
	(City/ State and Zip Code)
bewhoyouis@me.com	
E-mail address	: (to be used for future annual report notification)
For further information concerning this m	atter, please call:
Keith Case	305 321-5823
(Name of Co	
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
	iling Fee & \$\Bigcup \\$43.75 \text{ Filing Fee & Certified Copy (Additional copy is enclosed)} \Bigcup \Bigcup \\$52.50 \text{ Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)}
Mailing Address Amendment Section	Street Address Amendment Section
. mendificht Section	Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation of

N15000006503	ently filed with the Florida Dept. of State)
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "corpor"Company" or "Co," may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
Marie of the data of the state	
	ALL ALL
	三色 一
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	San
maring duries Marie DE Mario Colline Don	mo I
D. If amending the registered agent and/or registered of	Gos address in Clavida, anton the name of the
new registered agent and/or the new registered office	
Keith C	ase
	Olive Ave
	(Florida street address)
New Registered Office Address:	(rioriaa sireet aaaress)
West P	alm Beach 33401
	City) Florida
	·
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: amiliar with and accept the obligations of the position
Tanij	O
	T. G. (2018
$-\iota_{\swarrow}$	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>V</u> <u>Mik</u>	n Doc te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Greg Smith	P.O. Box 52
Add			West Palm Beach, FL 33402
X Remove			
2) Change	D	Hillary Smith	P.O. Box 52
Add			West Palm Beach, FL 33402
X Remove			
3 ) Change	D	Scott Hansel	P.O. Box 52
X Add			West Palm Beach, FL 33402
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) a	doption;	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east for the amendmal.	ent(s)
There are no members or men adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/wors.	ere
Dated 7	5/18	
Signature	Inly 5,20	18
(By the chai have not be	rman or vice chairman of the board, president or other officer-if direction believed, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
Keith C	ase	
	(Typed or printed name of person signing)	
Directo	•	
	(Title of person signing)	<del>_</del>