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JUL 1 0 2018 S. YOUNG

COVER LETTER

Division of Corporations ż DRINK NAME OF CORPORATION: N17000000 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILLACKER
(Name of Contact Person) NN-MARIE DRINK VOLUSIA INC AND FL 32720 (City/ State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person)

ARIG WILLA-CKCR at 386 215 1533
(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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of .
DRINK VOLUSIA INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
NI7 000000 831
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
SUPPORT VOLUSIA INC The new 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: 125 E INDIANA AVE (Principal office address MUST BE A STREET ADDRESS) SUITE F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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: ANN—MARIE WILLACKER
1600 E. MINNESOTA AVE (Florida street address) New Registered Office Address:
DELAND Florida 32724
(City) (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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Pléase 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	\underline{V} \underline{Mi}	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) X Change Add	<u>_P</u>	ANN-MARIE WILLA	E 1600 E MINNESUTA AVO ACKER DELAND FL 32724
Remove 2) Change Add			
Remove 3) Change Add			
Remove 4) Change			
Add Remove 5) Change			
Add			
6) Change Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated $\frac{\omega/29/18}{29/18}$	
Signature(By the chairman of vice chairman of the board, president or other officer-if directors	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ANN - MARIE WILLACKER (Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	
(Title of person signing)	