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TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: WBC NONPROFIT INC.
DOCUMENT NUMBER: N1900002737
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sherard Sanders (Name of Contact Person)
(Name of Contact Person)
WBC NONPROFIT INC. (Firm/Company):
(Firm/ Company)
13194 U.S. Hwy 3015, Suite 331
(Address)
Riverview, FL 33578 (City/ State and Zip Code)
(City/ State and Zip Code)
Sanders & wwbcansulting - Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherard Sanders (8131474 - 8766
Shevard Sanders at (813) 474 - 8766 (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 (Additional copy is enclosed) (Additional Copy is
Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

WBC NONPROFIT INC.		2021 AliG 20	PH 12: L7
(Name of Corporation as currently filed with the Florida I	·		
N 19 00 00 0 2 7 3 7 (Document Number		SECRETALY TALLAMAN	OF STATE
(Document Numb	er of Corporation (if known)	0.35E76.1966	JUCE, FL
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:		Corporation adopts	s the following
A. If amending name, enter the new name of the corporat	ion:		
Nr / A			The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	abbreviation "Cor	p." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A		
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 new registered agent and/or the new registered office a		e name of the	
Name of New Registered Agent:	N/A		
New Registered Office Address:	(Florida stree	t address)	
		, Florida (Zip Code,	
	(City)	(Zip Code,)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		gations of the positi	on.
	N/A gnature of New Registered Age		
Si_2	gnature of New Registered Age	nt, 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)

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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		Dennis Lugar	1033 N. Sewards CT. Aberdeen, MD 21001
Remove 2) Change Add		Brandon Sanders	16613 Magnolia Reserve Place Wimauma, FL 33598
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change			
Add			
6) Change Add			
Remove E. If amending or addi	ng additional A	rticles, enter change(s) here:	
(attach additional she			
	V/A		·
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The date of each amendment(s) adopted date this document was signed.	on:			, if other than the
Effective date if applicable:		ifter amendment file date		
Note: If the date inserted in this block do document's effective date on the Department.	es not meet the applicablent of State's records.	le statutory filing require	ments, this date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ONE)			

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 17 August 2021	
Signature Stend South	
(By the chairman or 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)	
Sherard Sanders (Typed or printed name of person signing)	
Chief Executive Officer (Title of person signing)	