

N20000012819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

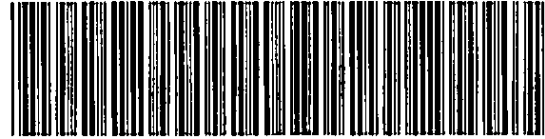
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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800382067208

*Amend*

02/22/22--01020--004 \*\*55.00

FILED

2022 MAR 18 AM 10:35

A. RAMSEY  
MAR 22 2022

\*00789, 06342, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAR 18 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FL

February 28, 2022

KARLA ADCOX  
AWKNG INC.  
P.O. BOX 23621  
JACKSONVILLE, FL 32241 US

SUBJECT: AWKNG, INC.  
Ref. Number: N20000012819

We have received your document for AWKNG, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed :

Please do not attach the amended and restated articles that you already filed with this office. Please include only the amendments to the articles that you are changing. You may include the changes in paragraph E on the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 522A00004881

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AWKNG, Inc.

DOCUMENT NUMBER: N20000012819

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karla Adcox

(Name of Contact Person)

AWKNG

(Firm/ Company)

P.O. Box 23621

(Address)

Jacksonville, FL 32241

(City/ State and Zip Code)

Kadcox@awkng.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Adcox

(Name of Contact Person)

at 904-813-0359

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

Mailing Address

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

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2022 MAR 18 AM 10:36

AWKNG, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000012819

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

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:  
(Principal office address MUST BE A STREET ADDRESS)

9978 Vineyard Lake Rd. E.  
Jacksonville, FL 32256

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 23621  
Jacksonville, FL 32241

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: Karla Adcox

9978 Vineyard Lake Rd E.  
(Florida street address)

New Registered Office Address:

Jacksonville, Florida 32256  
(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.

Karla Adcox

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)

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Kerri Weems	1000 Riverside Ave. St 800 Jacksonville, FL 32204
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	T	Andrew King	1000 Riverside Ave. St 800 Jacksonville, FL 32204
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Diane Schwartz	1000 Riverside Ave. St. 800 Jacksonville, FL 32204
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Charles Stovall Weems	9978 Vineyard Lake Rd E. <del>1000 Riverside Ave. St 800</del> Jacksonville, FL 32256
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CPD	Karla Adcox	9978 Vineyard Lake Rd E. Jacksonville, FL 32256
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	ST	Dawn Wilson	9978 Vineyard Lake Rd E. Jacksonville, FL 32256

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article VI. Section 3. All directors of the corporation shall be known as Elected Directors. The term of each Elected Director shall be as established in the bylaws. The Elected Directors shall be elected by a majority vote of the full Board of Directors.

Article VI. Section 4. Except where a greater vote is expressly required hereunder, the board of directors shall have the power to amend these

Articles of Incorporation, by a majority vote, of the directors then in office, in any way not inconsistent with the laws of the State of Florida or of the United States.

Article VI. Section 5. The current board of directors shall consist of three (3) members, whose names are Karla Adcox, Charles Stevall Weems, IV, and Bryan Schwartz. Each director may be reached at 9978 Vineyard Lake Rd E. Jacksonville, FL 32256.

The date of each amendment(s) adoption: \_\_\_\_\_, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 3-16-22

Signature Karla Adcox  
(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)

Karla Adcox  
(Typed or printed name of person signing)

President  
(Title of person signing)