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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Ponhandle Pioncer Settlement, Inc. |
|---|
| DOCUMENT NUMBER: N9300000 3735 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person) |
| Panhandle Picneer Settlement, Inc. (Firm/Company) |
| 17869 NW Pioneer Sottlemant Rd. (Address) |
| Blown's town FL 32424 (City/ State and Zip Code) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person) at 850 674 2777 (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee |

Mailing Address

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

| of |
|--|
| Panhandle Pioncer Settlement, Inc. |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| N93000003735 |
| (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: |
| 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 <u>MUST BE A STREET ADDRESS</u>) |
| |
| 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 office address: |
| Name of New Registered Agent: USO Phodes |
| 17869 NW Pioneer Settlement Rd (Florida street address) |
| New Registered Office Address: |
| Bountstown, Florida 32424 (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. |
| Juso Rhacles |
| 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 Doe e Jones y Smith | |
|-----------------------------------|---------------------|-----------------------------|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | <u> </u> | Jeff, Scay | 20102 SW. Juniper Rd Blown to town, FL |
| Remove | | | <u>372424</u> |
| 2) Change Add Remove | _5_ | Pruette, ARNP, Rita | 16355 NW Willard Smith Rd Blownts town, FL 32424 |
| Change Add Remove | | Alford, Joe | PO Box 215 Blountstown, Fl 32424 |
| 4) Change Add Remove | <u>V</u> | White, David | 19173 NWCR 275 Blowntstown, FL 32424 |
| 5) Change Add Remove | _0_ | Throne, Barbara Jean | P.O. Box 215 Blownstown, Fl. 32424 |
| 6) Change Add Remove | 0_ | Parrish, Ellie Dowling | PO Box 215 Blowntstown, FL 32424 |

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>Doe</u> <u>Jones</u> <u>Smith</u> | |
|----------------------------------|---|--|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | CFO | Holley, Melissa L | 16150 NV Double C Pranch Pd Bristol, Fl. 32321 |
| 2) Change Add Remove | _S_ | Jacobs, David A. | 16150 NW Dowble CRauch Rd Bristol, FL 32321 |
| 3) Change Add Remove | <u>CEO</u> | Jahnson, Howard Jr. | Po Box 215 Blountstown, FL 32424 |
| 4) Change Add Remove | <u>C60</u> | Smith, Willord | POBOX 215 Blowntstown FL 32424 |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | *************************************** | | |

| f amending or adding additional Arti ttach additional sheets, if necessary). | (Be specific) |
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| | e date of each amendment(s) adoption: _ e this document was signed. | October 5.2016 | , if other than the |
|-----|--|---|------------------------------|
| Eff | ective date <u>if applicable</u> : | Octobar 5, 2016 more than 90 days after amendment file date) | |
| | ee: If the date inserted in this block does no ument's effective date on the Department of | ot meet the applicable statutory filing requirements, this day | te will not be listed as the |
| 4de | option of Amendment(s) (<u>C</u> | HECK ONE) | |
| 4 | The amendment(s) was/were adopted by was/were sufficient for approval. | the members and the number of votes cast for the amendment | ent(s) |
| | There are no members or members entitle adopted by the board of directors. | ed to vote on the amendment(s). The amendment(s) was/w | ere |
| | Dated Oct. | 5, 2016 | |
| | | 5, 2016 Johnson J. | |
| | have not been selected | ce chairman of the board, president or other officer-if direct. I, by an incorporator — if in the hands of a receiver, trustee, fiduciary by that fiduciary) | |
| | Ho | (Typed or printed name of person signing) | |
| | | (Typed of printed name of person signing) | |
| | | reasurer | |
| | | (Title of person signing) | |