N95000002305

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ON, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAVID H, MILAM	
(Name of Contact P	Person)
DUNLAP & SHIPMAN, P. A.	
(Firm/ Compan	y)
60 CLAYTON LANE, SUITE A	
(Address)	
SANTA ROSA BEACH, FL 32459	
(City/ State and Zip	Code)
DAVID@DUNLAPSHIPMAN.COM	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please call:	
DAVID H. MILAM	850 231-3315
(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 S43.75 Filing Fee & S43.75 Filing Fee Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

2015 NOV -2 PH 12: 25

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rrently filed with	the Florida De	ot. of State)
N95000002305			
(Document N	umber of Corporat	ion (if known)	
tursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida</i>	ı Not For Profit	Corporation adopts the following
. If amending name, enter the new name of the corpo	oration:		5.00
A distance industries the new manus of the corp.	ANGOLI		em en Nu Eu
			The new
ame must be distinguishable and contain the word "corp	oration" or "inco	rporated" or th	e abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the name.			97
Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>		
			<u> </u>
			Ĭ.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
). If amending the registered agent and/or registered		Florida, enter	the name of the
new registered agent and/or the new registered off	ice address:		
Name of New Registered Agent:			
		/Classide and	
New Registered Office Address:		(Fioriaa sir	ees address)
		· · · · · · · · · · · · · · · · · · ·	, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a		d accept the ob	ligations of the position.

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	Y Mil	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	MAL	LORI WALCUTT	1115 WEST 125TH DR.
Add			WESTMINISTER, CO 80234
Remove 2) Change	Т	STEVE YOUNG	9630 GRAVOIS, SUITE #101
Add			ST. LOUIS, MO 63123
Remove 3) Change	<u>P</u>	HENRY (DANNY) TILLERY	P. O. BOX 3350
Add			PHENIX CITY, AL 36868
Remove 4) Change	VP	MARK JAMES	14488 FAUCET LANE
X Add			FISHERS, IN 46040
Remove 5) Change	τ	PAT SALLARULLO	5742 REMINGTON DR.
Add			NORCROSS, GA 30092
Remove			<u> </u>
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
	<u> </u>				
- Administration of the second			- 		
rease	174				
					
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	1919 (4) (4) (4) (4) (4) (4)				

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			Western Committee of the Committee of th		
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	e date of each amendment(s) adoption:e this document was signed.	ER 20, 2013	, if other than the
Effe	fective date <u>if applicable</u> :		
	(no more the	nan 90 days after amendment file date)	
	te: If the date inserted in this block does not meet to current's effective date on the Department of State's	the applicable statutory filing requirements, this date wil s records.	I not be listed as the
Ado	loption of Amendment(s) (CHECK (ONE)	
凶	The amendment(s) was/were adopted by the mem was/were sufficient for approval.	nbers and the number of votes cast for the amendment(s)	
	There are no members or members entitled to vote adopted by the board of directors.	te on the amendment(s). The amendment(s) was/were	
	Dated 10-28-2015	1	
		man of the board, president or other officer-if directors incorporator – if in the hands of a receiver, trustee, or ry by that fiduciary)	
	HENRY (T)	yped or printed name of person signing)	
	Pre	5.18ent	
		(Title of person signing)	