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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hans Wilson & As	ssociates, Inc.				
DOCUMENT NUMI						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Robin Mixon					
		Name of Contact Person	า			
	Hans Wilson & Associates, Inc.					
•	Firm/ Company					
	1938 Hill Avenue					
	Address					
	Fort Myers, FL 33901					
		City/ State and Zip Code	e			
robin	@hanswilson.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
Robin M. I	4ixon	at (234	1 872 3273			
Robin M. Mixon Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
\$4P		64	4.4.4			

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

Hans Wilson & Associates, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 (Florida street address) New Registered Office Address: (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)

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:	e, ana sai	iy Smin, Sr us un Aud.		
X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>s</u>	Frank B McMahon, III	<u></u>	
Add X Remove		-		
2) X Change	VST	Robin M. Mixon	3073 Cortez Boulevard	
Add			Fort Myers, FL 33901	
Remove				
3) Change				
Add		-	<u> </u>	
Remove				
4) Change		-		
Add				
Remove				
5) Change				
Add		-		
Remove				
6) Change				
Add		<u>.</u>		
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<u> </u>		
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				<u> </u>
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			-	
		·		
f an amendment provides for an exch provisions for implementing the ame	nange, reclassificati	on, or cancellation	of issued shares,	
(if not applicable, indicate N/A)				
		-		·-
 .				

The date of each amendment(s) adoption: _ date this document was signed.	Septencher 18, 2018	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date vor State's records.	vill not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	he shareholders. The number of votes cast for the amendment(s) r approval.	
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
October 15, 2018 Dated Signature	Sin M. Mulai	
selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)	
Robin M.	Mixon	
	(Typed or printed name of person signing)	
Vice Pres	sident	
	(Title of person signing)	