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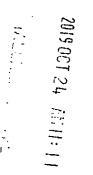
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AMERICAN OUT	BACK HOLDING CO, IN	С
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
i	<i>G</i> ROBERT <b>∦</b> : CHOQUETTE		
-		Name of Contact Person	 1
,	AMERICAN OUTBACK HO	OLDING CO, INC	
-		Firm/ Company	
	4760 KENILWORTH BLVD	• ,	
-		Address	
;	SEBRING, FL 33870		
-		City/ State and Zip Cod	e
aohcin	c@earthlink.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Roger N. Choquette		863 at (	) 382-1228 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation of

HM En Can	on as currently filed with the Florida	Dept. of State		<u> </u>	
(Docum	ent Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporate	ion adopts the f	ollowi	ng amendi	ment(s)
A. If amending name, enter the new name of the co	rporation:				
				The ne	en.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the contains the contains and the contains	" "Inc," or "Co". A professional co abbreviation "P.A."				
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>				~~	-
	··········		<u> </u>	51	<del>-</del>
			-	101	
				٠٤- <u>ک</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Χ)		•	-	
	<del></del>	<u> </u>		==	=
			<del></del>		-
	-			_ <del>_</del>	_
D. If amending the registered agent and/or register new registered agent and/or the new registered of		e name of the			
Name of New Registered Agent	·rt.			_	
	(Florida street address)				
New Registered Office Address:		, Florida_			
	(City)		(Ziţ	Code)	_
New Registered Agent's Signature, if changing Regi	stered Agent:				
hereby accept the appointment as registered agent.	am familiar with and accept the oblig	ations of the pe	sition		

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	<u>PT</u>	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>	Address
1) Change	S	Jean E. Terrell	316 OLEANDER RD
Add			LAKE WALES, FL
X Remove			33898
2) Change	S	Roger N. Choquette	2304 N. PONDEROSA RD
X Add			AVON PARK, FL
Remove			33825
3 ) Change			
Add			
Remove			
4) Change		<del>_</del>	
Add			
Remove			
5) Change			
Add			
Remove			
б) Change		_	
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
<del></del>		
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	· · · · · · · · · · · · · · · · · · ·	
<del></del> -	-	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment( date this document was signed.	s) adoption:, if other than the
	OCT 3, 2019
Effective date if applicable:	(no more than 90 days after amendment file date)
	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
	approved by the shareholders through voting groups. The following statement I for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Oct 3. Dated	2019
	Logis Choquet
(B)	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Roger N. Choquette
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)