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SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS SEP 2 5 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	٠.				
NAME OF CORPORATION:	F, INC.				
DOCUMENT NUMBER: P0100	00099572				
The enclosed Articles of Amendment and fee ar	re submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
	Timothy D. LAWSON Name of Contact Person				
SOF, FWC. Firm/Company					
P.O. Box 651445					
. /	Address				
ve	RO BEACH, FL 32963				
	City/ State and Zip Code				
E-mail address: (10 t	Address RO BEACH, FL 3Z965 City/ State and Zip Code PPY LAWSON @ Gnail: Competence used for future annual report notification)				
For further information concerning this matter, p	olease call:				
Timothy D. Lawson	at (772) 538-2985 Area Code & Daytime Telephone Number				
Name of Contact Person	•				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee S43.75 Filing Fee Certificate of State	& \$\Bigsquare\text{\$\Bigsquare}\$\Bigsquare				
Mailing Address	Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SOF FUL.	13 SEP 18 PM 12: 32
(Name of Corporation as currently filed with the	Florida Dept. of State) SECRE JAR 7 OF STATE
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	875 Greenleaf LIR. Vero Beach, FL 32960
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 651445 Vero Beach, FL 32965
D. If amending the registered agent and/or registered office adonew registered agent and/or the new registered office address.	<u>ss:</u>
Name of New Registered Agent TIMOTHY 875 GRE (Florida s.	1 D. LAWSON LEN LEAF LIR treet address)
New Registered Office Address: Vero Be.	ALH , Florida 32960 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations 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	<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>	<u>Addres</u> s
1)Change	<u>P</u>	Timothy D. Lawson	875 Green LEAF CIR, Vero Beach, FL 32960
Add			Vero Beach, FL 32960
Remove			
2) Change	P	MARC G. DUVAL	1275 SW 46 Avenue Suite 2701 Pampsino Beach FL 3306
Add			Suite 2701
Remove			Pompsno Beach FL 3306
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		An In a side and the late of the late	40-44-4-1
Add			
Remove			

E. <u>If amending</u>	or adding additional Ar nonal sheets, if necessary).	ticles, enter change	e(s) here:		
(Anach aaaii	. ^				
//	/A				
•	•				
	*				
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		W			
F. <u>If an amend</u>	lment provides for an exc	hange, reclassifica	ition, or cancellati	on of issued shares,	
	for implementing the am applicable, indicate N/A)	endment if not cor	<u>itained in the ame</u>	ndment itself:	
4/	^^				
	/4				·····
					
·····					
					·
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The date of each amondment(s) adoption	FILED, if other than the
The date of each amendment(s) adoption:date this document was signed.	k 3 twa tau kas, 11 other tran tre
date this document was signed.	13 SEP 18 PM 12: 32
Effective date if applicable:	19 2F1 10 EU15 25
(no more than 90 days after o	amendment file date RETARY HE STATE
	mendment file STO RE TARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	<u>.</u>
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient $\mathfrak t$	or approval
by	,"
by	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required. The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	
Dated 9/13/2013 Signature for A Ofform	
(By a director, president of other officer – if direct selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	ors or officers have not been receiver, trustee, or other court
(Typed or printed name	of person signing)
(Title of person	signing)