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| (Requestor's Name) | | |
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| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| , | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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CACTURY OF STAT LAHASSEE, FLORII

JUN 0 6 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

| Division of Corporations | | | | |
|--|--|--|--|--|
| NAME OF CORPORATION: 3030 GROUF INC | | | | |
| DOCUMENT NUMBER: PA 2 DODO 57955 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| JOAN FIORE | | | | |
| Name of Contact Person 3030 GROUF INC | | | | |
| 473 TREE SIDE LAIVE | | | | |
| PONTE VEDRA FLORIDA 3208 | | | | |
| City/ State and Zip Code REALTYCROUP. INFO E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| JOAN FIORE at 954, 610-4974 | | | | |
| 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: | | | | |
| S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) S35 Filing Fee Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building | | | | |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

| to Articles of Inc | orporation |
|--|---|
| of | |
| 3030 06 | POUP. Tolo |
| (Name of Corporation as current) | y filed with the Florida Dept. of State) |
| P0100005 | 7 955 |
| (Document Number of | Corporation (if known) |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this a its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation "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. Enter new principal office address, if applicable: | 473 TREE SIDE LANE |
| (Principal office address MUST BE A STREET ADDRESS) | PONTE VEDRA |
| | |
| | FLORIDA 3208 |
| C. Enter new mailing address, if applicable: | 473 TREE SIDE LANG |
| (Mailing address MAY BE A POST OFFICE BOX) | 473 IREE SIDE LANG |
| | FONTE DEDRA, |
| | FLORIDIA 32081 |
| D. Married Programs and American Science 1995 | |
| D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: | |
| Name of New Registered Agent UPAN | FIORE |
| Sume ty New NegIntered Agent | = SIDE LANE |
| — 4/3 REE | |
| | EDRA .Florida 32081 |
| | (City) (Zip Code) |
| | · · |
| | A |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w | |
| - Thereis, accept the appointment as registered agent. Tam jamiliar w | an and accept the obligations of the position. |
| | SER L |
| for | July 3 |
| Signature of New R | egistered Agent, if changing |
| 1/ | |

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 <math>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> <u>John I</u> | <u>Doe</u> | |
|-------------------------------|-------------------------|--------------------|--|
| \underline{X} Remove | <u>V</u> <u>Mike</u> | <u>Jones</u> | |
| X Add | <u>SV</u> <u>Sally</u> | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | REDIDENT | FREDERICK JOSEPH | 473 REESDE LANG FUNTE VEDRA FLORIDA |
| Add | | FIORE | · |
| Remove | | | 32.081 |
| 2) Change 5 | ECRETARY | JOAN FIORE | 473 TREE SIDELANE |
| <u></u> ✓ Add | | | PONTE VEDRA FLORIDA |
| Remove | | GINA | 32091 |
| 3) Change [] | RECTOR | JOHN A TIORE THOMP | SUN 473 TREESIDELANG |
| Add | | | PONTE VEDRA, FLORIDA |
| Remove | | | 32081 |
| 4) Change | DIR <u>ECTOR</u> | ANDREA EWEN | PONTE VEDRA, FLORIDA |
| Add | | | PONTE VEDRA, FLORIDA |
| Remove | | | 32081 |
| 5) Change [] | irector. | JOAN FIORE CULLINS | 47.3 TREE SIDE LANG |
| Add | | | PONTE VEDRA, FLURIDA |
| Remove | | | 32081 |
| 6) Change | | | |
| | - | | |
| Add Remove | | | |
| RCHIOVC | | | |

| . If amending or adding additional Arti (Attach additional sheets, if necessary). | icles, enter change(s) here: |
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| If an amendment provides for an each | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| M A | |
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| The date of each amendment(s) adoption: MAY 1 - 2018 , if other than the date this document was signed. |
|--|
| Effective date if applicable: MAY 19 2018 (no more than 90 days after amendment file date) |
| (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval |
| by |
| (voting group) |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| Dated $-5 - 130 / 20/8$ |
| Dated 5/30/2018 |
| Signature July |
| (By a director, president or other officer – if directors or officers have not been |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| appointed fiduciary by that fiduciary) |
| (Typed or printed name of person signing) |
| (Typed or printed name of person signing) |
| SECRETARY |
| (Title of person signing) |