POZ 000061769

(F	Requestor's Name)	<u> </u>
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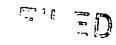
C. GOLDEN
JUL 1 6 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: WILLIS HARDW	ARE, INC.	
DOCUMENT NUMB	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MARK WILLIS		
		Name of Contact Perso	n
	WILLIS HARDWARE, INC		
	·	Firm/ Company	
	409 W. HIGHWAY 98	1 min Company	
		Address	
	APALACHICOLA, FL 3232	20	
		City/ State and Zip Cod	e
APAI	.achace@fairpoint.n	ET	
	E-mail address: (to be us	sed for future annual report	notification)
Park all and the control			
For further information	concerning this matter, pleas	se call:	
MARK WILLIS		850 at (653-1400
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



WILLIS HARDWARE, INC.

2019 JUI_ -5 PM 6: 18

(<u>Name</u>	of Corporation as currentl	y filed with the Florida Dept. of State)
P02000061769		<u> </u>
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc," or	n." "company." or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
3. Enter new principal office address,	if applicables	N/A
Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		N/A
). If amending the registered agent ar		
new registered agent and/or the ne		<u>:</u>
Name of New Registered Agent	N/A	
	(Florida str	eet address)
New Registered Office Address:	N/A	, Florida
		(City) (Zip Code)
in Decision I Amend Street	No control (The orthogonal Albana) A	
New Registered Agent's Signature, if of the hereby accept the appointment as regis		<u>:</u> with and accept the obligations of the position.
	Signature of New I	Praistered 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: 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>N'ame</u>	<u>Addres</u> s
1) Change	ST	JANALYN N. WILLIS	409 W. HIGHWAY 98
Add			APALACHICOLA, FL 32320
Remove			
2) Change	\$	SHARON WILLIS	409 W. HIGHWAY 98
XAdd			APALACHICOLA, FL 32320
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

,	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
/A		
	_ 	
		-
		-
If an	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:	
<u> 2</u>	if not applicable, indicate N/A)	
A		
		

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
JUNE 24, 2 Dated	019	
Signature	arWilli	
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	MARK WILLIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	