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Office Use Only

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	11011	COMPANY, INC			
DOCUMENT NUMBE	R: P0200010174	10			
	Amendment and fee are sul				
Please return all correspo	ondence concerning this mat	ter to the following:			
S	Scott B. Barloga				
	Name of Contact Person				
Pope & Barloga, P.A.					
	<u> </u>	Firm/ Company			
7	736 Jenks Avenue				
<del></del>	· · · · · · · · · · · · · · · · · · ·	Address			
F	Panama City, FL	32401			
_		City/ State and Zip Code			
sbar	loga@popebarlo	ga.com			
		ed for future annual report	notification)		
For further information of	concerning this matter, pleas	e call:			
Scott B Barloga		at (850_	, 784-9174		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment Articles of Incorporation



## STONE & COMPANY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

mendment(s) to

(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Co	rporation adopts the following a
A. If amending name, enter the new na	nme of the corporation:		
n/a			<i>T</i>
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professio	or "incorporated" or the abbi nal corporation name must con
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		736 Jenks Avenue	
		Panama City, FL 32401	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 1609	
		Panama City, FL 32402	
		<u></u>	
D. If amending the registered agent an	d/on manistanced office address		
new registered agent and/or the nev	v registered office address:	ss III Fioriua, ei	iter the name of the
Name of New Registered Agent	Scott B Barloga		
	736 Jenks Avenu	ıe	
	(Florida stree	t address)	
	Donama City		, Florida 32401
New Registered Office Address:	Panama City		, Florida OZTO I

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	Р	Sharon E. Stone	402 Palmetto Ct		
Add			Lynn Haven, FL 32444		
Remove					
2) Change	PST	Scott B. Barloga	P.O. Box 1609		
Add			Panama City, FL 32402		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add			<del>-</del>		
Remove					
5) Change					
Add					
Remove					
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6) Change					
Add					
Remove					

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an amendment provide	<u>ting the amer</u>	ange, reclassification	on, or cancellatio	n of issued shares dment itself:	1
<u>provisions for implement</u>	lianta M/A)				
provisions for implement (if not applicable, ind	licate N/A)				
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<u>provisions for implement</u>	ficate N/A)				

The date of each amendment(s) adoption: Od	ctober 2, 2014	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) pproval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	35	
	ing group)	
action was not required.	board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder	
action was not required.	incorporators without shareholder action and shareholder	
Dated October 13, 2014	<del></del>	
Signature		
	dent or other officer - if directors or officers have not been	_
selected, by an inco	rporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary	by that fiduciary)	
Scott B. I	Barloga	
	(Typed or printed name of person signing)	<del></del>
Presiden	t	
	(Title of person signing)	<del></del>