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AUG 0 4 2015 A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPIDER'S WEB, INC
DOCUMENT NUMBER: P0300067967
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
IRENE C PINARD
SPIDER'S WEB, INC
15578 MEACHAM CIRCLE
PORT CHARLOTTE, FL 33981 City/ State and Zip Code
ATPENTER PRISESLLC © OUTLOOK. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TREVE C PINARD at (941) 698-0365

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:

\$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

Aric	les of Incorporation of	FITED
SPIDER'S WEB, I	ENC	2815 JUL 31 PM 1:58
(Name of Corporation as currently filed w	vith the Florida Dept. of State)	BESEL FARY OF STATE
P03000067967		TALEAHASSEE, FLORIDA
(Document Number of Corp	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Sta Incorporation:	tutes, this corporation adopts the foll	
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp.," "I word "chartered," "professional association," or the abbre	nc," or "Co". A professional corpo eviation "P.A."	oration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES		<u>EACHAM</u> CIRCLE RLOTTE, FL
	3398	7 /
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15578 M PORT CH 339	<u>EACHAM</u> CIRCLE GRLOTTE, FL 81
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ame of the
Name of New Registered Agent		
	78 MEACHAM Florida street address) CHARLOTTE . Florid (City)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am Signature of New Re		ons 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 Jone	<u>es</u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	Ī	Name	Address Change officers address 15578 Meacham Circles Port Charlotte, FL 339
1) Change			· · · · · · · · · · · · · · · · · · ·	15578 Meacham Circ
Add				fort Charlotte, +L 339
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Pemove				

Attach additional sheets, if necessary).	(Be specific)
	
, <u>, , , , , , , , , , , , , , , , , , </u>	
	and the state of t
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
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)	
(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. JULY 27, 2015 Signature June Lucian	
(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)	
appointed inductary by that inductary)	
TRENE C PINARD	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	