P83000 147774

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

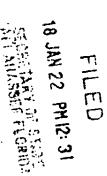
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SCOTT HICKS	INC	
	BER: P03000147774		
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	<u> </u>
Please return all corre	spondence concerning this ma	atter to the following:	
	SCOTT HICKS		
		Name of Contact Perso	an an
	SCOTT HICKS INC	rame of confact i ciso	11
		Firm/ Company	
	5384 HWY 4	- " - " - " - " - " - " - " - " - " - "	
		Address	
	BAKER FLORIDA 325	531	
		City/ State and Zip Cod	c
ANN	904@FWBFL.COM		
	•	sed for future annual report	natification
For further information	n concerning this matter, pleas	se call:	
SCOTT R HICKS		at (<u>850</u>	
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐S43.75 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		Amend Divisio Clifton	Address ment Section n of Corporations Building Necutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SCOTT HICKS, INC.		
	itly filed with the Florida Dept, of So	(ate)
P03000147774		
(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 t	he 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 "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation n	" or the abbreviation
B. Enter new principal office address, if applicable:		26 0
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		28 2 71
		- 2 22
C. Enter new mailing address, if applicable:		7 5 KS
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	tress in Florida, enter the name of thes:	ne
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	Florid	(a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	•	
hereby accept the appointment as registered agent. I am familiar	 with and accept the obligations of the 	position.
Signature of New R	Registered 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>Name</u>	<u>Addres</u> s
1) X Change	PRES	SCOTT R HICKS 90%	5384 HWY 4
Add			BAKER, FL 32531
Remove			
2) Change	<u>T</u>	SHELLIE HICKS 10%	5384 HWY 4
XAdd			BAKER, FL 32531
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PRESIDENT, SCOTT R HICKS. RECLASSIFY HIS SHARES FROM 100 TO 90 SHARES AS OF THIS DATE.
ADDING SHELLIE HICKS AS TREASURER WITH 10 SHARES OF STOCK AS IF THIS DATE.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) add date this document was signed.	ption:	if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
JANUARY I Dated	1 Just	
(By a dire selected.	by an incorporator – if in the hands of a receiver, trustee, or other court diductory by that fiductory)	
S	COTT R HICKS	
_	(Typed or printed name of person signing)	
P	RESIDENT	
_	(Title of person signing)	