P03000157503

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e#)
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Amend. T. Lewis

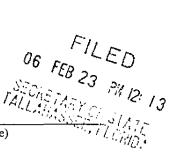
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: Darwin Hil	nthorn, Inc.	
DOCUMENT N	TUMBER: P03000157503)	
The enclosed Arr	ticles of Amendment and fee a	are submitted for filing.	
Please return all	correspondence concerning th	is matter to the following:	
Da	arwin W Hinthorn		
	(Name	of Contact Person)	
<u>D</u>	arwin Hinthorn, Inc.		
	(Fi	rm/ Company)	
23	3 Swift Pass		
·····		(Address)	
Cr	awfordville FL 32327		
	(City/ S	tate and Zip Code)	
For further inform	nation concerning this matter,	please call:	
Darwin W Hinthorn		at (850) 926-2	2368
(Na	me of Contact Person)	(Area Code & Daytir	ne Telephone Number)
Enclosed is a che	ck for the following amount:		
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address	
	ent Section of Corporations	Amendment Section Division of Corporation	c
P.O. Box 6327		Clifton Building	S
Tallahasso	ee, FL 32314	2661 Executive Center (Tallahassee, FL 32301	Circle
Fl. De	ot, of State		

Articles of Amendment to Articles of Incorporation of



Darwin Hinthorn, Inc.

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

P03000157503
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
delete: Robert Bouchard, Secretary, 10 shares, P O Box 886 Crawfordville FL 32327
(Attach additional pages if necessary)
If an amendment provides for 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)
(continued)

The date of each amendment(s) adoption: 02/13/05
Effective date if <u>applicable</u> : 02/13/05 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signature (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)
Resident (Title of person signing)

FILING FEE: \$35