P04600029123

(Requestor's Name)				
(Address)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MartinBack Group	Inc		
DOCUMENT NUMBI	ER: P04000029123		*	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
I	Debra Martin-Back			
_		Name of Contact Person	n	
N	MartinBack Group Inc			
_		Firm/ Company		
1	0930 NW 9th Place			
_		Address		
(Gainesville Fl 32606			
_		City/ State and Zip Cod	e	
info@r	nartinback.com			
<u></u>	E-mail address: (to be us	sed for future annual report	notification)	
	·	·		
For further information	concerning this matter, pleas	se call:		
Debra Martin-Back		at (³⁵²	316-6842	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the 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 to Articles of Incorporation of

MartinBack Group Inc			
(Name of Corpora	ation as currently file	ed with the Florida Dept. of S	tate)
P04000029123			
(Doc	ument Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Flor</i>	ida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the	corporation:		
NA			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET ALL)		NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		NY	FILED IN BE
D. If amending the registered agent and/or regist new registered agent and/or the new registered		n Florida, enter the name of t	the She
Name of New Registered Agent	NA		
	(Florida street ac	ldress)	
New Registered Office Address:	NA	, Flori	ida
	(City,	· · · · · · · · · · · · · · · · · · ·	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	I am familiar with a	, , ,	e position.
Sig	gnature of New Regist	ered 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) Change	VP	RICHARD J BACK	10930 NW 9th Place		
Add			Gainesville Fl 32606		
X Remove					
2) Change	VP	Lori L Hillman	2917 SW 101ST TERRACE		
X Add			Gainesville Fl 32608		
Remove					
3) Change					
Add					
Remove					
4) Change		<u></u>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

		nange(s) here:			
	NA				
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			.		
menting the a	mendment if no				
N	A				
					
	menting the a	vides for an exchange, reclass	vides for an exchange, reclassification, or comenting the amendment if not contained in e, indicate N/A)	vides for an exchange, reclassification, or cancellation of imenting the amendment if not contained in the amendment, indicate N/A)	wides for an exchange, reclassification, or cancellation of issued shares, menting the amendment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	NA	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S		ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		east for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting §		
"The number of votes cast for the amend	Iment(s) was/were sufficient for app	proval
by	ng group)	
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	acorporators without shareholder ac	tion and shareholder
9-15-2016 Dated		
Signature		
	dent or other officer – if directors or porator – if in the hands of a receiv by that fiduciary)	
Debra Marti	n-Back	
(7	Typed or printed name of person sig	ning)
Vice Preside	ent	

(Title of person signing)