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2018 JUL 25 PH 4: 1: SECRETARY OF STAT

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	SOLE BROTHER	S, INC.	
DOCUMENT NUMB	P04000031475		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	STEFANI MACHIELA		
•	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
	STEVEN MACHIELA CPA		
,		Firm/ Company	
	860-1 SOUTH STATE ROA	.D 7	
		Address	
	WELLINGTON, FL 33414		
		City/ State and Zip Cod	e
STEF	ANI@SHMCPA.COM		
•	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		
STEFANI MACHIELA		at () 964-8182 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & 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)
Ame Divis P.O.	Iling Address Indment Section Ission of Corporations Box 6327 Islansee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 JUL 25 PM 4: 13

SOLE BROTHERS, INC.

	BRUTHERS, INC.	SECRETARY OF STATE
	n as currently filed with the Flo	orlda Dept. of State LAHASSEE, FL
F	204000031475	
(Docume	ent Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
<u> </u>		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ac	" "Inc," or "Co". A profession	r "incorporated" or the abbrevlation nal corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
D. If amending the registered agent and/or registere	ed office address in Florida, ent	er the name of the
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent		<u>.</u>
	(Florida street address)	.
New Registered Office Address:		, Florida
new negmered Office Applies.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent; am familiar with and accept the	obligations of the position.

Signature of New 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.

X Change	PT	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>şv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) Change	P	SANDRA COONERTY	2505G OKEECHOBEE BLVD			
Add			WEST PALM BEACH, FL 33409			
X Remove						
2) X Change	P	MICHAEL COONERTY	2505G OKEECHOBEE BLVD			
Add			WEST PALM BEACH, FL 33409			
Remove						
3) Change	VP	THOMAS COONERTY	2505G OKEECHOBEE BLVD			
X Add			WEST PALM BEACH, FL 33409			
Remove						
Kemove						
4) Change						
Add						
Remove						
_						
5) Change						
Add						
Remove						
6) Change	_					
Add						
Remove						

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The date of each amendment		, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 50 days uper unenamem file dute)	
	this block does not meet the applicable statutory filing requirements, this de the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	3)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
• • • • • • • • • • • • • • • • • • • •	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ET
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	My haef Jonerty	
'(2	y a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hangs of a receiver, trustee, or other cour	
	pointed fiduciary by that fiduciary.	
	MICHAEL COONERTY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	