P0500030995

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SECRETARY OF STATE ON STATE OF STATE OF

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Carol Hill-William	s, Inc.	
DOCUMENT NUM	P05000020005	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Carol T. Hill		
		Name of Contact Persor	1
		Firm/ Company	
	210 Sarto Avenue		
		Address	
	Coral Gables, FL 33134-721	3	
		City/ State and Zip Code	2
	anne	@mccrcpa.com	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
Carol T. Hill		at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment 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)
Am Div P.C	iling Address endment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

TO FEB 19 TO THE OF STATIONS

Articles of Amendment to Articles of Incorporation of

To EED TO THE CONTROL OF THE CONTROL

Carol Hill-Williams, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P05000030995 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Carol Hill Weng, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 210 Sarto Avenue B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Coral Gables, FL 33134-7218 C. Enter new mailing address, if applicable: 210 Sarto Avenue (Mailing address MAY BE A POST OFFICE BOX) Coral Gables, FL 33134-7218 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I 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	<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>	Address
1) Change	•		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	
· · · · · · · · · · · · · · · · · · ·	
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	<u> </u>
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each assessment	02/08/	/2016		is all makes all
The date of each amendment(s date this document was signed.	adopuon;	······································	***	if other than th
_	2/08/2016			
Effective date <u>if applicable</u> :				
	(t	no more than 90	days after amendment f	île date)
Note: If the date inserted in the document's effective date on the			ble statutory filing requ	irements, this date will not be listed as th
Adoption of Amendment(s)	(СНЕС	CK ONE)		
The amendment(s) was/were by the shareholders was/wer			number of votes cast for	the amendment(s)
☐ The amendment(s) was/were must be separately provided				
"The number of votes of	ast for the amendn	nent(s) was/were	sufficient for approval	
by	N/		·	95
	(voting	g group)		
 □ The amendment(s) was/were action was not required. □ The amendment(s) was/were action was not required. 				
02/08/2 Dated	016			
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sel		orator - if in the	er - if directors or office hands of a receiver, trus	
•	Carol T. Hill		-	
••	(Ty	yped or printed n	ame of person signing)	
	PST			
		(Title o	f person signing)	