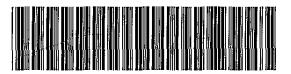
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| (Requestor's Name) | | | | | |
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| (Áddress) | | | | | |
| (Address) | | | | | |
| (111100) | | | | | |
| (City/State/Zip/Phone #) | _ | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | _ | | | | |
| (Document Number) | _ | | | | |
| Certified Copies Certificates of Status | _ | | | | |
| Special Instructions to Filing Officer: | ٦ | | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CO | ORPORATION: MYLES HILLIARD, | INC. | |
|-----------------|--|---|-------------------|
| DOCUMENT | NUMBER: P05000083576 | | |
| The enclosed | Articles of Amendment and fee are s | submitted for filing. | |
| Please return a | Il correspondence concerning this m | natter to the following: | |
| | MYLES P. HILLIARD | | |
| • | (Name of C | ontact Person) | |
| | MYLES HILLIARD, INC. | | |
| - | (Firm/ | Company) | |
| I | P.O. BOX 1494 | | |
| • | (Ac | ldress) | |
| • | CHIEFLAND, FL 32644 | | |
| • | (City/ State/ | and Zip Code) | |
| For further inf | ormation concerning this matter, ple | ase call: | |
| MYLES P. HILL | IARD | at (352) 221-5210 | _ |
| (| Name of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a | check for the following amount: | | |
| \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ✓ \$43.75 Filing Fee & ☐ \$52.50 Filing I Certified Copy Certificate of S (Additional copy is cnclosed) (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) | Statu y opy |
| | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | |

Articles of Amendment to Articles of Incorporation of

| | Aiticles of i | ncorporation | |
|---|---------------------|--|---------------------------------------|
| | (| of | 93 |
| | MYLES HI | LLIARD, INC. | 38 |
| (Nar | | filed with the Florida Dept. of State) | <u>-</u> |
| | P050000 | 83576 | 05 SEP -7 PM 4:01 |
| | (Document number of | corporation (if known) | - E |
| Pursuant to the provisions adopts the following ame | | rida Statutes, this <i>Florida Profit Corp</i> of Incorporation: | - |
| NEW CORPORATE NA | ME (if changing): | | |
| | | orated" or the abbreviation "Corp.," "Inc.," o ", "professional association," or the abbrevia | |
| AMENDMENTS ADOP and/or Article Title(s) bei | | NAME CHANGE) Indicate Article Neted: (BE SPECIFIC) | Number(s) |
| ARTICLE VII IS HEREBY A | MENDED TO NAME DUAN | IE M. RIGGS, 10019 N US 129, | |
| BRANFORD, FL 32008, AS | SECRETARY | | |
| 2.4.4.4. 0.12, 12 02000, 110 | 02011217411 | | · · · · · · · · · · · · · · · · · · · |
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| · · · · · · · · · · · · · · · · · · · | (Attach additional | pages if necessary) | |
| | | ation, or cancellation of issued shares n the amendment itself: (if not applicable | |
| | | | |
| <u> </u> | | | |
| | | | |

(continued)

| The date of each amendment(s) adoption: AUGUST 29, 2005 | | | | | | |
|---|--|--|--|--|--|--|
| Effective date if applicable: AUGUST 29, 2005 | | | | | | |
| (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. | | | | | | |
| Signed this 5 day of Sept , 2005. Signature Myles Helliand | | | | | | |
| Signature Wyles Wellowd (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) | | | | | | |
| MYLES P. HILLIARD | | | | | | |
| (Typed or printed name of person signing) | | | | | | |
| PRESIDENT | | | | | | |
| (Title of person signing) | | | | | | |

FILING FEE: \$35