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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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SC & G INVESTORS, INC.

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|--|--|---|--|--|--|
| NAME OF CORPORATION: SC & G Investors, Inc. | | | | | |
| DOCUMENT NUM | P0500009908 | 9 | · · · · · · · · · · · · · · · · · · · | | |
| The enclosed Articles | The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| | Denise M. Shaw | | | | |
| | | Name of Contact Person | | | |
| • | Soave Enterprise | | | | |
| | Firm/ Company | | | | |
| | 3400 E. Lafayette |) | | | |
| | | Address | | | |
| | Detroit, MI 48309 |) | | | |
| | | City/ State and Zip Code | 3 | | |
| dei | nise.shaw@soave | com | | | |
| | | ed for future annual report | notification) | | |
| | <u> </u> | • | | | |
| For further information | n concerning this matter, pleas | e call: | | | |
| Denise M. S | haw | _{at (} 313 | 567-0125 x235 | | |
| Name | of Contact Person | | de & Daytime Telephone Number | | |
| Enclosed is a check for the following amount made payable to the Florida Department 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 | | | |

Articles of Amendment to Articles of Incorporation of

| SC & G Investors, Inc. |
|--|
| (Name of Corporation as currently flied with the Florida Dent. of State) |
| P05000099089 |
| (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) tits Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| |
| 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." |
| B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) |
| |
| C. Enter new mailing address, if annikable: (Mailing address MAY BE A POST OFFICE BOX) |
| |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address; |
| Name of New Registered Agent |
| (Florida stress address) |
| New Registered Office Address: Plorida |
| (Clay) (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.

Example:

| Example: X Change | <u>PT</u> | John Dog | | | |
|-------------------------------|----------------|-----------------------|---------------------------|--|--|
| X Remove | Y Mike Jones | | | | |
| X Add | SV Sally Smith | | | | |
| Type of Action (Check Ons) | Title | Name | Address | | |
| l)Change | PTD | Richard T. Brockhaus | 3400 E. Lafayette St. | | |
| X Add | | | Detroit, MI 48207 | | |
| Remove | | · | | | |
| 2) Change | VD | Edward R. Schonberg | 3400 E. Lafayette | | |
| X Add | | | Detroit, MI 48207 | | |
| Remove 3) X Change | SD | Bryant M. Frank | 3400 E. Lafayette | | |
| 3) Change | | | Detroit, MI 48207 | | |
| Remove | | | | | |
| 4) Change | VD | Richard F. Corace | 11125 Guif Shore Dr. #301 | | |
| Add | | | Naples, FL 34108 | | |
| X Remove | | | | | |
| 5) Change | Р | Michael D. Hollerbach | 3400 E. Lafayette | | |
| Add | | | Detroit, MI 48207 | | |
| X Remove | | | | | |
| 6) Change | VD | Gerald F. Griffin, II | 11125 Gulf Shore Dr. #301 | | |
| Add | | · — · — · — · . | Naples, FL 34108 | | |
| X Remove | | | | | |

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.

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Example:

| X Change | M | John Doe | | |
|-------------------------------|-------------|-------------------|-----------------------|--|
| X Remove | ¥ | Mike Jones | | |
| _X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | Title | Name | Address | |
| 1) Change | VD | Michael D. Piesko | 3400 E. Lafayette St. | |
| Add | | | Detroit, Mi 48207 | |
| X Remove | | | | |
| 2) Change | D | Anthony Soave | 3400 E. Lafayette | |
| Add | | | Detroit, Mì 48207 | |
| X | | | | |
| 3) Change | | | | |
| | | | | |
| Add | ` | | | |
| Remove | | | | |
| 4) Change | | | | |
| ^ dd | | | | |
| Remove | | | | |
| | | | | |
| 5) Change | | | | |
| Add | | | <u> </u> | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |
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| leation, or cancellation of issued shares, contained in the amendment itself: |
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| The date of each amendment(s) | adoption: March 1, 2013 | . If other than t |
|---|---|-------------------|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were as by the shareholders was/were s | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| | proved by the shareholders through voting groups. The following statement we each voting group entitled to vote separately on the amendment(s): | • |
| | at for the amendment(s) was/were sufficient for approval | |
| by | (valing group) | |
| | (voting group) | |
| The amendment(s) was/were action was not required. | iopted by the board of directors without shareholder action and shareholder | |
| action was not required. | lopted by the incorporators without shareholder action and shareholder | |
| Dated | 7/22/13 5 July 7 | |
| | | |
| select | director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) | _ |
| | Bryant M. Frank | |
| | (Typed or printed name of person signing) | _ |
| | Secretary | |
| | (Title of person signing) | _ |