# P05000110236

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(Ke	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRE LARY OF STATE
SECRE LARY OF FLORID

C. LEMIS

ANG 23 2013

EXAMPLER

#### GOVER LETTER .

Division of Corporations NAME OF CORPORATION: \_\_\_ DOCUMENT NUMBER: 105080110236 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Terri Winningham
Name of Contact Person Jacksonville Road For further information concerning this matter, please call: at ( 352 ) 207-8007

Area Code & 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 &  $\square$ \$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

## FILED

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Tade	The		13 KOO 2 .	
(Name of Corporation as	currently filed with	the Florida Dept. of State	SECRETARY OF	STATE ORIĐA
P050001102	136	•	SECRETARY OF TALLAHASSEE. FI	1.0/11.0
	nt Number of Corporc	ation (if known)		_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statute	s, this Florida Profit Corpor	ation adopts the followi	ng amendment(s) to
4. If amending name, enter the new na	ime of the corporati	on:		
				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,	" or "Co". A professional		
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)		_	_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				_
				_
D. If amending the registered agent an new registered agent and/or the new			the name of the	
Name of New Registered Agent	Terri W	Jackson le Road	1	
	2425 NE (Flo	orida street address)	<u> </u>	
New Registered Office Address:	Ocala	(City)	Florida 34470 (Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist			oligations of the position	
Si·	gnature of New Regit	stered 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> <u>Joh</u>	n Doe	
<u>X</u> Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>A ddres</u> s
1) Change	$\Box$	Patricia Thompson	2423 NE Jacksonville Road
A dd		•	Ocala, F1 34470
_ <b>X</b> _Remove			
2) Change	<del></del>		
A dd			
Remove			May 1860 187 1
3) Change			
A dd			
Remove			
4) Change			
A dd			
Remove			
5) Change	<del></del>		
A dd			<del></del>
Remove			
6) Change			
A dd			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	
	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<b>~</b>	
Patricia Thompson de	ecoused. All her Shares transferring t
Patricia Thompson de	coased. All her Shares transferring t
Patricia Thompson de erri Winningham:	econsed. All her Shares transferring t
Patricia Thompson de erri Winningham:	ecoused. All her Shares transferring t
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Patricia Thompson de Erri Winningham:	econsed. All her Shares transferring t

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The date of each amendment(s) add	ption:		<u> </u>
Effective date if applicable:			13 AUG 21 PM 2: 2
and y approcaute.	(no more tha	n 90 days after amen	dment filsegge ETARY OF STAT TALLAHASSEE, FLORI
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. icient for approval.	The number of votes	cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e			
'The number of votes cast fo	or the amendment(s) was	were sufficient for ap	proval
bν			. "
,	(voting group)		
☐ The amendment(s) was/were adop action was not required.	ted by the board of direc	tors without sharehol	der action and shareholder
The amendment(s) was/were adopaction was not required.	ted by the incorporators	without shareholder a	ction and shareholder
Dated	7/13		
, Signature			
(By a dir selected,	ector, president or other oby an incorporator – if i. d fiduciary by that fiduci	n the hands of a recei	or officers have not been wer, trustee, or other court
	<del></del>	WINNING	•
	(Typed or prin	ted name of person si	gning)
_	SE 0	1 TRES	
	(Title of pe	rson signing)	