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Amendicc

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I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corpora	ations					
NAME OF CORPORA	ATION: <u>Ball</u> ER: <u>PØ5ØØØ</u>	Fabrics,	Inc.			
DOCUMENT NUMBE	er: <u>PØ5000</u> 0	162470				
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Emmet	D. Ball Name of Contact Person				
_		Name of Contact Person				
_	Ball Fat	Firm/ Company				
		Firm/ Company				
_	510 W A	Address				
		Address				
	DeLand, F	City/ State and Zip Code				
	,	City/ State and Zip Code	2			
	Dlanca @ Do	alltabrics .cum	<u> </u>			
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Blanca Sancher at (386) 740 7212 Name of Contact Person Area Code & Daytime Telephone Number						
Name of	Contact Person	Area Co	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		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
<u>Maili</u>	ing Address		<u>Address</u>			
	ndment Section		ment Section			
Division of Corporations Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle						
1 41141	massee. I to Jap 17		assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

BALL Fabrics Tax

(Name of Corporation as currently fi	iled with the Florida Dept. of State)
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.2	A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)	NA B
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
	NIA
Name of New Registered Agent	
(Florida street	address)
(r torida street	
New Registered Office Address:	, Florida

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.

Nuke Jones, v as Remove Example:	r, and Sai	ry Smun, 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)	Title	<u>Name</u> .	Address
1) Change		<i>N</i> /Þ	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

taen <i>aaamonai sh</i>	eets, if necessary).	(Be specific)	١١.			
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	rovides for an excha					
	lementing the amend tle, indicate N/A)	<u>dment if not c</u>	ontained in the	amendment itse	<u>lf:</u>	
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_		-	11.22.			

The date of each amendment(s) adoption: $3/27/2019$ date this document was signed.	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nı
"The number of votes east 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 shareholde action was not required.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $3/27/2019$ Signature 280 (By a director, president or other officer – if directors or officers have not been	
Signature (Z KoM)	
(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)	
Tonathan L Ball (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	