PD7000059460

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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DIVISION OF CORPORATIONS
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Amend CUS Manuchs May, M. Z.

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Workplace Design Group P07000059460 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lynn Chapman Name of Contact Person Workplace Solutions, Inc. Firm/ Company 3733 University Blvd. West #210A Address Jacksonville, FL 32217 City/ State and Zip Code Ichapman@workplace.us E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (904 997-8878 Area Code & Daytime Telephone Number Lynn Chapman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **■**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (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
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 27, 2012

LYNN CHAPMAN WORKPLACE SOLUTIONS, INC. 3733 UNIVERSITY BLVD W - STE. 201A JACKSONVILLE, FL 32217

SUBJECT: WORKPLACE DESIGN GROUP, INC.

Ref. Number: P07000059460

We have received your document for WORKPLACE DESIGN GROUP, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000037960 - PILLAR, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Alaritton Regulatory Specialist II

Letter Number: 112A00010308

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Articles of Amendment to Articles of Incorporation



Workplace Design Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

| (Document Number of Corporation | on (if known) | |
|--|---|--|
| Pursuant to the provisions of section 607.1006, Florida Statutes, to s Articles of Incorporation: | this Florida Profit Corporation adopts the following | |
| . If amending name, enter the new name of the corporation | <u>1</u> | |
| Support Pillar, Inc. | | |
| ame must be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o ord "chartered," "professional association," or the abbreviation | or "Co". A professional corporation name must | |
| . Enter new principal office address, if applicable: | 3811 University Blvd. West | |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) | Suite 28 | |
| | Jacksonville, FL 32217 | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3733 University Blvd. West | |
| | 3733 University Blvd. West Suite 210A | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3733 University Blvd. West Suite 210A Jacksonville, FL 32217 | |
| | Suite 210A Jacksonville, FL 32217 address in Florida, enter the name of the | |
| (Mailing address MAY BE A POST OFFICE BOX) 1. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add Name of New Registered Agent | Suite 210A Jacksonville, FL 32217 address in Florida, enter the name of the | |
| (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office a new registered agent and/or the new registered office add Name of New Registered Agent (Florid New Registered Office Address: | Suite 210A Jacksonville, FL 32217 address in Florida, enter the name of the ress: | |

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 <math>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: XChange | <u>PT</u> . | John Doe | |
|-------------------------------|--------------------|------------------|--|
| X Remove | <u>V</u> <u>!</u> | Mike Jones | |
| X Add | <u>sv</u> <u> </u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change Add Remove | D | Jon P Deal | PO Box 58103 Tukwita, WA 98138 |
| 2) Change × Add Remove | D | Donald G Stewart | 3733 University Blvd. West #210A Jacksonville, FL 32217 |
| 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5)Change Add Remove | | | |
| 6) Change Add Remove | | | |

| If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch- provisions for implementing the amer (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| | |
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| | |

| The date of each amendment(s) adoption: March 15, 2012 | | |
|---|--|--|
| | | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. | |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast | t for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| action was not required. | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder | |
| _{Dated} March | , 21 2012 | |
| (By a c | director, president or other officers if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) | |
| | R Wayne Royal | |
| | (Typed or printed name of person signing) | |
| | Director | |
| | (Title of person signing) | |