Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)6

: (850)617-6380

From:

Account Name : JOHN M WICKER PA

Account Number : I20070060104 Phone : (239)939-2222

Fax Number : (239)939-2280

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

Email Address: MWICKER WWCru

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MIJIDAMA ENTERPRISES, INC.

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239-939-2280

H 190001512503

Articles of Amendment to Articles of Incorporation of

MIJIDAMA ENTERPRISES, INC.				
(Name of	Corporation as curre	ntly filed with the Florida Dep	1. 01 State)	
P07000084023				
		r of Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, th	nis Florida Profit Corporation 8	dopts the following amend	iment(s) to
A. If amending name, enter the new name				new
name must be distinguishable and conta "Corp.," "Inc" or Co" or the designa word "chartered," "professional associati	non Carp. Inc. "	, (i) p jouds o	porated" or the abbrevia ration name must contain	tion the 2
B. Enter new principal office address, it	applicable:			910
(Principal office address MUST BE A ST	REET ADDRESS )			
C. Enter new mailing address, if applic	cable:		<i>ကို</i> င္ဘာ	圣
(Mailing address MAY BE A POST C	FFICE BOX			_ <u> </u>
			<u>~ 연</u>	_ မ္ဘ
				_
		The side and the m	ame of the	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add	lress:	ALL OF THE	
	John M. Wicker			
Name of New Registered Agent	12670 New Brittany I	Blvd. Suite 101		
		da sireet address)		
	Fort Myers	,	Florida 33907	
New Registered Office Address:		(City)	(7.ip Code)	<del>_</del>
		<i>,</i>		
New Registered Agent's Signature, if c	hanging Registered A	gent:	ions of the position.	
I hereby accept the appointment as regist	erea ageni. Tam jum	with the accept the isingon	0.1. Sy 1	
		4		
		<u>-/</u>	<del></del> _	
	Signature of	new Registered Agent, if changing	18	
· •			•	
	1.1 19	2000 K12	507	
	17 17	000/5/2	<b>-</b> )	

Page 1 of 4

## H 190001512503

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.

The Sones:		-		
Example: <u>X</u> Chango	19	John Do	<u> 25</u>	
X Remove	<u>v</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sa)ly St	<u>niம்</u>	
Type of Action	Titie		Name	<u>Addres</u> s
(Check One)	v		MICHAEL KLOPACK	626 NE JUANITA PLACE
1) Change Add		_		CAPE CORAL, FL 33993
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change	<del></del>	_		
Removo				
5) Change				
Add				
Rетюус				
6) Change		<del>-</del>		
Add				
Remove				

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PAGE 04/05

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
IONE	
F. If an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
provisions for implementing the at	nendment i not constitue :
(if not applicable, indicate N/A)	
N/A	

COSTELLO ROYSTON&WIC PAGE 05/05 239-939-2280 14:39 p.2 May 07 19, 02:06p PAGE 84/84 239-939-2280 05/06/2015 11:51 if other than the The date of such amendment(s) adoption: \_\_ date this document was signed. Effective date if applicable: (no more than 90 days after ameniment file date) Note: If the date inserted in this block does not meet the applicable stateony filling requirements, this date will not be listed a, the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) The emendment(s) was/were adopted by the shareholders. The number of votes east 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 reparately provided for each voting group entitled to rate reparately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval violing group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder ection was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action, and shareholder action was not required. Signatore (By a director, president or other officer - if directors priofficers have not been selected, by an incorporator - if in the hands of a receiver, trustes, or other court appointed fiduciary by that fiduciary) TEROME MUKLOPACK (Typed or printed name of person signing) PRESIDENT (Title of person signing)

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