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(Requestor's Name) (Address)	60031362))))) (
(Address)		
(City/State/Zip/Phone #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EIA OF CHIEFLA	ND, INC.	
DOCUMENT NUM	P08000064138	_	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	WILLIAM W. ERWIN SR.		
		Name of Contact Person	1
	EIA OF CHIEFLAND, INC		
		Firm/ Company	
	P. O. BOX 1191		
	-	Address	
	CHIEFLAND, FLORIDA 33	2644	
		City/ State and Zip Cod	e
BILL	.ERWINSR@GMAIL.COM		/
	Ü	sed for future annual report	notification)
		•	
For further informatio	n concerning this matter, pleas	se call:	
WILLIAM W. ERWI	N SR	904 at (226-5941
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Ame Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment **Articles of Incorporation**

EIA OF CHIEFEAND	inc.			
(Name o	of Corporation as curren	tly filed with the Florida Dept, of State)		
P08000064138				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amend	iment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
		The r		
	nation "Corp," "Inc." or	ion," "company," or "incorporated" or the abbreviat "Co". A professional corporation name must contain "P.A."		
R. Enter new principal office address	if annlicable:	3844 PARK STREET		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		JACKSONVILLE, FLORIDA 32205		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3844 PARK STREET	<u> </u>	
		JACKSONVILLE, FLORIDA 32205	— —	
D. If amending the registered agent an new registered agent and/or the new			一門	
Name of New Registered Agent	STEPHANIE S. OVERT	FON 4 TO THE TOTAL		
	tilavida i	treet address)		
New Registered Office Address:	3844 PARK STREET	JACKSONVILLE 32205	•	
		(City) (Zip Code)	_	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	WILLIAM W. ERWIN SR.	4952 N.W. C.R. 347
Add			CHIEFLAND, FL 32626
X Remove			
2) Change	DIR	WILLIAM W. ERWIN SR.	4952 N.W. C.R. 347
Add			CHIEFLAND, FL 32626
X Remove			
3) Change	P	STEPHANIE S. OVERTON	3844 PARK STREET
_XAdđ			JACKSONVILLE, FL 32205
Remove			
4) Change	DIR	STEPHANIE S. OVERTON	3844 PARK STREET
X Add			JACKSONVILLE, FL 32205
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			****
Remove			

	adding additional Ar al sheets, if necessary).	(Be specific)			
· · · · · · · · · · · · · · · · · · ·					
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	-				
				-	
					
f an amendme	nt provides for an exc	·hange reclassifies	itian ar cancellat	ian of issued shar	ov.
provisions for	implementing the am	endment if not cor	itained in the amo	endment itself:	<u></u>
	licable, indicate N/A)				
I/A					
				•	
	<u> </u>				
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	, this date 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 amer by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast 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 shareholder was not required.	areholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
MAY 10, 2018 Dated	
Signature William W Sunia	
(By a director, president or other officer - if directors or officers have no	
selected, by an incorporator - if in the hands of a receiver, trustee, or ot	her court
appointed fiduciary by that fiduciary)	
WILLIAM W. ERWIN SR.	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	