

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

#### WHATLEY WILLIAMS INC.

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EMPIRE CORP KIT

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## Articles of Amendment to Articles of Incorporation

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	ber of Corporation (if known)		
ursuant to the provisions of section 607.1000 ollowing amendment(s) to its Articles of Incorp		fit Corporation adopts the	DIVISION PH 2: 48
. If amending name, enter the new name of	the corporation:	·	2
WHATLEY & WIL	LIAMS INC.		=
he new name must be distinguishable as incorporated" or the abbreviation "Corp" Co". A professional corparation name waciation," or the abbreviation "P.A."	"Inc.," or Co.," or the designation	"Corp." "Inc," or	
. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		<del></del>	
. Enter new malling address, if applicable:	•		
(Mailing address MAY BE A POST OFFIC			
(Mailing address <u>MAY BE A POST OFFIC</u>	CE BOX)		
(Mailing address <u>MAY BE A POST OFFIC</u>	cellstered office address in Florida, e	enter the name of the	
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(Mailing address MAY BE A POST OFFICE  If amonding the registered agent and/or repeatered agent and/or the new registered Agent:	egistered office address in Florida, estered office address:		
(Mailing address MAY BE A POST OFFICE  If amonding the registered agent and/or repeatered agent and/or the new registered Agent:	egistered office address in Florida, estered office address:	nier the name of the	
(Mailing address MAY BE A POST OFFICE  If amonding the registered agent and/or repeated agent and/or the new registered Agent:	egistered office address in Florida, estered office address:  (Florida street address)  (City)	, Florida (Zip Code)	
(Mailing address MAY BE A POST OFFIC  If amouding the registered agent and/or registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Resistered Office Address:  ew Registered Agent's Signature, if changing hereby accept the appointment as registered aginton.	egistered office address in Florida, estered office address:  (Florida street address)  (City)	, Florida (Zip Code) cept the abligations of the	

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 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) Title <u>Address</u> <u>Name</u> Type of Action 20535 NW 33 Gorf 1 Add 85056 X Ramove Add Remove Add 🗖 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amandment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amandment itself; (if not applicable, indicate N/A)

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18000267502 The date of each amendment(s) adoption: Effective date if applicable; (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) The amendment(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 separately provided for each voting group entitled to vota separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 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)

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