P0900007421

| (Re | equestor's Name) | | _ | - |
|-------------------------|--------------------|---------------------------------------|--------|----------|
| (Ac | ddress) | | | |
| (Ac | ddress) | · · · · · · · · · · · · · · · · · · · | | - |
| (Ci | ty/State/Zip/Phone | e #) | | _ |
| PICK-UP | WAIT | MAIL | | |
| (Bu | usiness Entity Nar | ne) | : | : : |
| | | • | | ! |
| (Do | ocument Number) | | | : |
| Certified Copies | _ Certificates | of Status | / 1 | <u>.</u> |
| Special Instructions to | Filing Officer: | | | 7 |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDE



COVER LETTER

TO: Amendment Section

| Division of Corp | porations | | | | |
|--|--|---|--|--|--|
| NAME OF CORPO | RATION: <u>WRIT</u> | Ling Resource 2 | tnc. | | |
| DOCUMENT NUM | ber: <u> </u> | 0007421 | | | |
| The enclosed Articles | s of Amendment and fee ar | re submitted for filing. | | | |
| Please return all corre | espondence concerning this | s matter to the following: | | | |
| _ | Susan | Hi'lliArd ame of Contact Person | · · · · · · · · · · · · · · · · · · · | | |
| | WRiti | Ng Resource First Company | Inc. | | |
| | 1128 | SE34 th St. | ··· | | |
| _ | _ | Coral Fl 3 | 33904 | | |
| | | ty/State and Zip Code / | | | |
| | E-mail address: (to be used | for future annual report notification) | | | |
| For further information | on concerning this matter, p | please call: at (39_)565 | -4056 | | |
| Name of | Contact Person | Area Code & Daytime Tele | ephone Number | | |
| Enclosed is a check f | or the following amount m | ade payable to the Florida Depart | ment of State: | | |
| \$35 Filing Fee | □ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Add | | Street Address | | | |
| Amendment Section | | Amendment Section Division of Corporations | Amendment Section | | |
| Division of Corporations P.O. Box 6327 | | Clifton Building | | | |
| Tallahassee, I | | 2661 Executive Center Circl | e | | |

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

| Ar | ticles of Incor | poration | | 0, : |
|--|--|--|--|--------------|
| , 1 | of | 4 | 202 | |
| Writing R | esourc | e Inci | | |
| (Name of Corporation as/current | ly filed with th | e Florida Dept. of State | E) | The the |
| PD 9000 | 00742 | 1 | | The same |
| (Document Number | r of Corporation | n (if known) | | 10.72 OF |
| Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation: | Florida Statutes | s, this <i>Florida Profit Co</i> | orporation adopts t | he following |
| A. If amending name, enter the new name of the | <u>ie corporation:</u> | £ | | |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes | esignation "Cor | p," "Inc," or "Co". A ion," or the abbreviation | r "incorporated" professional corpo n "P.A." | pration |
| B. Enter new principal office address, if applic (Principal office address MUST BE A STREET) | | 1128 SE . Cape Coral | 3445 St. FL 3390 | 14 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | - : <i>BOX</i>) _ - | 1128 SE 3 Cape Coral, | 34 th St. Fl 3390 | 14 |
| D. If amending the registered agent and/or reg new registered agent and/or the new registe | | | r the name of the | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | (Florida | a street address) | | |
| | ····· -· · · · · · · · · · · · · · · · | | , Florida | _ |
| | (City) | (Zip | Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent | | | bligations of the pos | sition. |
| Sigr | nature of New R | legistered Agent, if chan | ging | |

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) **Type of Action** Title Name Address ☐ Add ___ 🔲 Remove ___ 🗆 Add ☐ Remove _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| a Ga | alidae |
|---|---|
| The date of each amendment | (s) adoption: (date of adoption is required) |
| Effective date if applicable: | • • • |
| • | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/weby the shareholders was/weby | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| | re adopted by the incorporators without shareholder action and shareholder |
| Dated 9 | 115 Jaon Hilliard |
| Signature | Susan Hilliard |
| (By | a director, president or other officer – if directors or officers have not been |
| | cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | Sugar Hilliand |
| | (Typed or printed name of person signing) |
| | President. |
| | (Title of person signing) |