

(Requestor's	Name)			
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(Business En	tity Name)			
(Document Number)				
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations						
NAME OF CORPORATION: WINGING IT WITH WING SLINGERS, INC						
DOCUMENT NUMBER: 10000043698						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Rob KLUBA Name of Contact Person						
WINGING IT WITH WING SLINGURS, INC.						
Firm/ Company						
2793 STATE ROLLS 13 Address						
Address						
SAINT JOHNS FL 32259 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Rob Klub at (904) 545-7053 Name of Contact Person Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)						
Mailing Address Street Address						
Amendment Section Amendment Section Division of Corporations Division of Corporations						

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

.

(Name of Corporation as currently filed v		
₱ P100000 43688		
(Document Number of Corpor		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:		idment(s)
A. If amending name, enter the new name of the corporation:		
	The	new
name must be distinguishable and contain the word "corporation." "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		—————————————————————————————————————
D. If amending the registered agent and/or registered office address in Fernal new registered agent and/or the new registered office address:	Florida, enter the name of the	年 -2 PA
Name of New Registered Agent	(2)	4: 34
(Florida street addre		F
New Registered Office Address: (City)	, Florida(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with ana Signature of New Powisters		
Signature of New Registere	a Agent, ij changing	

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MIKE DRAVO	1405 FRYSTON ST
Add Remove			SAINT JOHNS FL 32259
2) Change Add	VP	KRIST) KLUBA	2793 STATE ROAD 13 SAINT TOHNS FL 37259
Remove 3) Change Add Remove			30031
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	(Be specific)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	DECEMBER	15	2017	, if other than the
date this document was signed.			,	
Effective date <u>if applicable</u> :	DETEM BUR	<u> 15</u> ,	2017	
	(no more than 90 days aj	ler amer	ndment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of		utory fil	ing requirements,	this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		of votes	cast for the amen	dment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	endment(s) was/were sufficie	ent for ap	pproval	
by				
(vo	ting group)			
The amendment(s) was/were adopted by the action was not required.	board of directors without	sharehol	der action and sha	reholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without share	cholder a	action and shareho	lder
Signature(By a director, pres	1 BER 15, 2017	1		
Signature	///	/	/	
(By a director, pre-	sident or other officer	rectors o	or officers have no	nt been
selected, by an inc	orporator – if in the hands on by that fiduciary)	of a recei	ver, trustee, or oth	ner court
	LOBERT KUL	34		
	(Typed or printed name of	person si	igning)	
	PRESIDENT / B (Title of person	IREL	TOR	
	(Title of person	signing)	