## P11000098275

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500318660515

08/21/15--01011--018 \*\*33.00

TILEU MIO: 20

EFFECTIVE DATE

Amend

SEP 2 4 2018

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Whiting Agency N	orth Inc	
	BER: P11000098275		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Patricia A Phillips, Pres		
		Name of Contact Pe	erson
	Whiting Agency North Inc		
		Firm/ Company	/
	5490 S Suncoast Blvd		
		Address	/- <u>U</u>
	Homosassa FL 34446		
		City/ State and Zip	Code
. ~	5 1132 - 15m		
pare	Whitingins.com  E-mail address: (to be us	and the factors amount on	and antiforming)
	E-mail address, (to be us	sed for future aimual re	port normeadon)
For further informati	on concerning this matter, pleas	se call:	
Patricia Phillips, Pre	s	352 at (	621-3288 a Code & Daytime Telephone Number
Name of Contact Person		Are	a Code & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida l	Department of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ai Di Ci	reet Address nendment Section vision of Corporations ifton Building 61 Executive Center Circle

Taliahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



whiting Agency North Inc	
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P11000098275	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
name must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp." "Incword "chartered," "professional association," or the abbrev	The new poration," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the iation "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)	THE SEP 21 AND:
D. If amending the registered agent and/or registered offi- new registered agent and/or the new registered office:	
Name of New Registered Agent	
(FI	orida street address)
New Registered Office Address:	. Florida
New Regimerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if 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>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	Т	_	Donald Whiting	2415 Olar Ct
XAdd				Spring Hill FL 34608
Remove				
2) Change		_		
Add				
Remove				<u></u>
3 ) Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sh	ing additional Articles. eets, if necessary). (B	e specific)			
	•	•			
				<del></del>	
	<del></del>				****
			·		
<del></del>					
	<del></del>				
			<del></del>		
- 1-					
an amendment p	royides for an exchang	<u>e, reclassification</u>	i, or cancellation	of issued shares,	
tit not applica	lementing the amendin de, indicate N/A)	ient ii not contaii	nea in the amenar	nent usen:	
(у пог арупса	ie, maieure inni				
	<del></del>				
					<del></del>
<del></del>					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	01/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(afficient for approval.	8)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
• • • • • • • • • • • • • • • • • • • •	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
09/18/201	8	
Dated	Patricia arhillips Pres	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	Patricia A Phillips	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>