P12000012257

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Amend

FEB 2 8 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JOE WARD ENTERPRISES, INC. DOCUMENT NUMBER: P12000012257				
The enclosed Articles of Amendment and fee are	e submitted for filing.			
Please return all correspondence concerning this matter to the following:				
MICHAEL K FISH				
	Name of Contact Person			
MICHAEL K FI				
	Firm/ Company			
7700 N KENDALL DR SUITE 405				
	Address			
MIAMI, FL 331	56			
	City/ State and Zip Code			
MIKE@MKFISHCF	PA COM			
	e used for future annual report notification)			
(a accuracy manner report normounting			
For further information concerning this matter, please call:				
MICHAEL K FISH	_{at (} 305 ₎ 279-8484			
Name of Contact Person	Area Code & Daytime Telephone Number			
Name of Contact I cison	Area Code & Daytine Telephone Pulmber			
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status	<u> </u>			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

. Articles of Amendment to Articles of Incorporation of

JOE WARD ENTERPRISES, INC.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P12000012257	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
,	<u> </u>
0 T	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 7
	7. (7)
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent N/A	
(Florida s	street address)
New Registered Office Address:	, Florida
(Cit)	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it:
I nercey accept the appointment as registered agent. I am jumiliar	with and decept the obligations of the position.
Signature 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Aḍd	<u>sv</u>	Sally-Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	JOSEPH WARD	257 E LUCY ST
Add			FLORIDA CITY, FL 33034
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change	******		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A	is, y recessivy.	(De specific)		
÷				
•				
				-
F. <u>If an amendment pro</u>	vider for an avahor	aga vaalossifiaation o	was needlation of insued	charos
provisions for imple	menting the amend	ment if not contained	in the amendment itse	<u>If:</u>
(if not applicable	, indicate N/A)			
11//				

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Č		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_01/24/2	Oar M Wal	
select	prector, 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 court ited fiduciary by that fiduciary)	
	JOSEPH G WARD	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	