P12000045400

· (Re	questor's Name)			
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TON S	ERVICE COMPANY
	ACCOUNT NO. : I2000000195
	REFERENCE : 893924 7880068
	AUTHORIZATION: Spelle man
-	COST LIMIT : \$ 43.75
ORI	DER DATE : November 21, 2013
ORI	DER TIME : 3:58 PM
ORI	DER NO. : 893924-005
CUS	STOMER NO: 7880068
	ASSOCIATES, INC.
	ASSOCIATES, INC.
	EFFECTIVE DATE:
<u>xx</u>	ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLE	EASE RETURN THE FOLLOWING AS PROOF OF FILING:
<u>xx</u>	CERTIFIED COPY
	PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CON	TACT PERSON: Carina L. Dunlap EXT# 52951
	EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	Stoutamire R: P1200004540	-Pavlik & Associ 0	iates, Inc.		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
F	Ryan Pavlik				
_		Name of Contact Person	3		
9	SPW Monticello,	Inc.			
	<u> </u>	Firm/ Company			
1020 West Washington St.					
		Address			
Ŋ	Monticello, FL 32	2344			
		City/ State and Zip Cod	e		
RPa	vlik@spamontice	allo com			
	- ·	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
Ryan Pavlik		352	804-3374		
	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made j	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s its Articles of Incorporation: A. If amending name, enter the new hame of the corporation: SPW Monticello, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the 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 MUST BE A STREET ADDRESS) N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A (Florida street address) N/A (Florida street address) New Registered Office Address: (Cip) (Cip Code)	(Name of Corporation as currently filed with the f	lorida Dept. of State)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SPW Monticello, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or Co.," A professional corporation name must contain the 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) N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A (Florida street address) New Registered Office Address: Florida Florida			
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SPW Monticello, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the 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) N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A (Florida street address) New Registered Office Address: Florida		Florida Profit Corporation adopts the follow	ing amendment(s)
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C. Enter new mailing address, if applicable: (Mailing address MUST BE A STREET ADDRESS) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent N/A (Florida street address) New Registered Office Address: Florida	"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "	'Co". A professional corporation name mus	abbreviation
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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent N/A (Florida street address) New Registered Office Address: Florida	P. Enter new principal office address if applicables	N/A	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent N/A (Florida street address) New Registered Office Address:			
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida			
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Name of New Registered Agent (Florida street address) New Registered Office Address:	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
Name of New Registered Agent (Florida street address) New Registered Office Address:			
Name of New Registered Agent (Florida street address) New Registered Office Address:			್, ಪ
Name of New Registered Agent (Florida street address) New Registered Office Address:, Florida			
Name of New Registered Agent (Florida street address) New Registered Office Address:, Florida	D. If amending the registered agent and/or registered office addi-	ress in Florida, enter the name of the	72
Name of New Registered Agent (Florida street address) New Registered Office Address:, Florida	N1/A	<u>•</u>	2 to 100
(Florida street address) New Registered Office Address:, Florida	Name of New Registered Agent	<u> </u>	
New Registered Office Address:, Florida,			
	(Florida str	eet address)	3
(City) (Zip Code)			<u> </u>
	(Ciŋ)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing	I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position	v.

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 Do	<u>9e</u>	
X Remove	<u>y</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
d) Chance				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
/A	
If a d	hanne and aniffication on consultation of issued shows
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
I/A	
<i>IIT</i>	

The date of each amendment(s) adoption: Upon filing	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 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/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.	
Dated11.21.13	
Signature M	
(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)	
Jeffrey R. Stoutamire	
(Typed or printed name of person signing)	_
President	

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ates, Inc.			
	D4000004E40			
DOCUMENT NUME	BER: 1 120000 10 10			
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Ryan Pavlik			
•		Name of Contact Person	1	
	SPW Monticello,	lnc.		
,		Firm/ Company		
	1020 West Wash	ington St.		
		Address		
	Monticello, FL 32	2344		
•		City/ State and Zip Cod	e	
RP:	avlik@spamontice	ello com		
	_ ,	ed for future annual report	notification)	
	(P	,	
For further information	concerning this matter, pleas	e call:		
Ryan Pavlik		at (352	, 804-3374	
Name o	of Contact Person		de & Daytime Telephone Number	_
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	E\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Islandsee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	
		i allam	assec, 1 L 34301	