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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

	ON RIVER EST	ATES 4	INC
DOCUMENT NUMBER: P12000	0047132		
The enclosed Articles of Amendment an	nd fee are submitted for fi	ling.	
Please return all correspondence concern	ning this matter to the foll	owing:	
Jimmy Ch	ancey		
	Name of C	Contact Person	
	Firm/	Company	
235 W. Br	andon Blvd 262	2	
	A	ddress	
Brandon F	L 33511		
	City/ State	and Zip Code	;
kwestpilot@gi	mail.com		
E-mail addre	ess: (to be used for future	annual report	notification)
For further information concerning this r	matter, please call:		
Jimmy Chancey	at	813	758-0634
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following am	nount made payable to the	Florida Depa	rtment of State:
\$35 Filing Fee	of Status Certified	al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Amendi Division Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

M	OO	N	RI\	/FR	EST	ΔΤ	FS	4	INC
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WOON RIVER ESTATES	5 4 INC			
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)		
P12000047132				
(Documen	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adop	ts the following amendme	nt(s) to
A. If amending name, enter the new na	me of the corporation:			
			The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corporatio		
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>		•		
C. Enter new mailing address, if appli	cable:			
(Mailing address MAY BE A POST				
				
D. If amending the registered agent an	d/or registered office addres	s in Florida, enter the name	of the	
new registered agent and/or the nev	v registered office address:			
Name of New Registered Agent	Jimmy Chancey			
•	235 W. Brandon	Blvd 262		
	(Florida street	address)		
New Registered Office Address:	Brandon	, Florida_33	3511	
ALEW Megister ou Office Hum ess.	(City)	, 1101164	(Zip Code)	
New Registered Agent's Signature, if c	Janging Registered Agent:	d	f dh a maaidi an	
I hereby accept the appointment as regist	epea agen. Tam jamiliar wil	n ana accept the obtigations o	the position.	
	Multure of New/Registered Ag	ent, if changing	A	
<i>[1]</i>				
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Page 1 of 4

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 Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	Erika Smith	235 W Brandon Brandon FL 33511
X Remove 2) Change X Add	P	Jimmy Chancey	Jimmy Chancey 235 W Brandon Blvd 262 Brandon FL 3511
Remove 3) Change Add Remove		<u> </u>	Brancon FL 3511
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
	•
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment	(s) adoption: 6/29/12
Effective date <u>if applicable</u> :	06/29/12
in approach.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement and 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)
	(voling group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 06/2	29/12
Signature	
	y a director, president or other officer - if directors or officers have not been
	leoned, by an incorporator - if in the hands of a receiver, trustee, or other court
ar	pointed fiduciary by that figuralized
	/ Jimmy Chancey
	(Typed or printed name of person signing)
1 /	President
	(Title of person signing)