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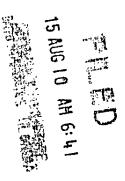
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations			
NAME OF CORPORATION: Broy DOCUMENT NUMBER: P1200	vyville	1	15 AUG 10
The enclosed Articles of Amendment and fee are sub	omitted for filing.		三
Please return all correspondence concerning this mat	ter to the following:		Ø; •
Ilen	Name of Contact Person	sera	
Bun	Firm/ Company Address City/ State and Zip Code	1 East Moo 32110	#115 Blvd # Blvd
	dimension ed for future annual report		L, com
For further information concerning this matter, please	e call:		
Tiene Sandberg Name of Contact Person	at (38 (n Area Co	204-386 de & Daytime Telephone Numb	8 <u>7</u> eer
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:	
\$35 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)	
Mailing Address Amendment Section		Address	

Division of Corporations

2661 Executive Center Circle Taliahassee, FL 32301

Clifton Building

Articles of Amendment



to		
' Articles of Inco	orporation	
of		
Reaniville Co	C ()	ララ
(Name of Corporation as currently	filed with the Florida Dept. of State)	<u>o:</u>
815999968		5
	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the corporation:	,	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coverd "chartered," "professional association," or the abbreviation "Inc."	Co". A professional corporation name mu	The new abbreviation ast contain the
word chartered, projessional association, or the above viation		~ \
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	30 Sergeant Palm Coast	<u>FL 3</u> 2164
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	704 East Mod Bunnell, Florida	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
0/2		
Name of New Registered Agent		
30 50	engeant Ct.	
(Florida stre	et address)	-
New Registered Office Address: Palm (L 32164
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position	on.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	·	_ \	
Add			
Remove			
3) Change			
Add		n/a	
Remove		10	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	n/
	110
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	10. 1
(if not applicable, indicate N/A)	nt_
(if not applicable, indicate N/A)	n/2
(if not applicable, indicate N/A)	1)/2

The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.	1	
Effective date if applicable:	nla	
<u> </u>	(no more than 90 days after	amendment file date)
Note: If the date inserted in this bl- document's effective date on the Dep		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of ficient for approval.	votes cast for the amendment(s)
	oved by the shareholders through voting each voting group entitled to vote separat	
"The number of votes cast for	or the amendment(s) was/were sufficient	for approval
by		27
	(voting group)	
☐ The amendment(s) was/were ador action was not required.	oted by the board of directors without sha	reholder action and shareholder
The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareho	lder action and shareholder
Dated A	2015, P top	
Signature	Mone Sundlean)
	rector, president or other officer – if direct, by an incorporator – if in the hands of a	
	ed fiduciary by that fiduciary)	receiver, trustee, or other court
_	Ilene Sand	
	(Typed or printed name of pers	son signing)
	President	
_	(Title of person vic	mina)