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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 5+rik	er Enteri	rises, Inc.
DOCUMENT NUMBER:	(	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	·
Please return all correspondence concerning this matt	er to the following:	
Terri D.	ElanS Name of Contact Person	n
110 110 1	Firm/ Company	
Palm Coa	Address  St F    City/ State and Zip Code	32164
E-mail address: (to be use		
For further information concerning this matter, please	call:	
Name of Contact Person	at ( 386	de & Daytime Telephone Number
Enclosed is a check for the following amount made pa		·
\$35 Filing Fee S43 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)
Mailing Address Amendment Section		Address ment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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iker	Enter	prises
• ~		<u> </u>

- 2-tnker En	terranses, Inc.
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P13000	029381
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	ration:
	The new
name must be distinguishable and contain the word "c"Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abbi	rorporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Suite 113
	Palm Coast, Fl. 32164
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	• • • • • • • • • • • • • • • • • • •
(1	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P Terri D. Eyans	16 Lloyd Trail Palm Coast, Fl. 32164
Add Remove		Yalm Coast, F1. 32164
2) Change	P Richard K. Zipf	65 Presidential Ln. Palm Coast, Fl. 32164
Remove 3 ) Change Add	NP Jeanette A. Zipi	= 65 Presidential Ln. Palm Coast, Fl. 30164
Remove		
4) Change		
Add Remove		
5) Change		
Add		
Remove		
Change		
Add		
Remove		

(Attach	nding or adding s additional sheets,	if necessary).	(Be specific)				
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rovisio	endment provides ns for implement	ing the amend	ment if not cont	on, or cancenan	<u>ndment itself:</u>	<u>nares,</u>	
(if r	ot applicable, ind	icate N/A)			,	•	
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7	5-trker	trite	rprises,	Inc.	40 KI	chard l	5. Z\Pf
			<b>V</b>				
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					· · · - · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:		, if other than th
date this document was signed.		
Effective date if applicable:	no more than 90 days after amendment file date)	
(1	no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not r document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date winte's records.	ill not be listed as th
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) roval.	
	pareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendm	ient(s) was/were sufficient for approval	
by	."	
(voting	group) ."	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder	
Dated 6/26/127		
Signature		
(By a director, presiden	nt or other officer - if directors or officers have not been orator - if in the hands of a receiver, trustee, or other court that fiduciary)	<del></del>
	Terri D. Evans	
(Typ	ped or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>