P13000079827

(Re	questor's Name)	
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And

R. WHITE JUN 22 2018

HWM

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: WARD INC DOCUMENT NUMBER: P13000079827 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DARRELL MOORE Name of Contact Person Firm/ Company 199 EAST MAIN STREET Address DUNDEE, FL 33838 City/ State and Zip Code CONTACT@DARJENHOLDINGS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (863) 438-6615

Area Code & Daytime Telephone Number DARRELL MOORE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & ■ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WARD INC		<u> </u>
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P13000079827		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:		ellowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coverage word "chartered," "professional association," or the abbreviation "F	o". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		30 B
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 17 17 17 17 17 17 17 17 17 17 17 17 17
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	10 00 mm
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		sition.
Signature of New Re	egistered 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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	JENNIE WARD-MOORE	199 EAST MAIN STREET
, Add			DUNDEE, FL 33838
x Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

If amend (Attach ad	l <mark>ing or adding</mark> dditional shee	g additional A ts, if necessary	rticles, ente). (Be spec	r change(s) cific)	<u>here</u> :				
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. <u>If an an</u>	nendment pro	ovides for an e	xchange, re	<u>classificatio</u>	n, or cancell	ation of issu	ied shares,		
<u>provisi</u> (if	ons for imple	ementing the a	<u>menament i</u>)	r not contai	<u>neo in tile al</u>	<u>mjenament n</u>	isen <u>.</u>		
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	6/18/2018	, if other than the
The date of each amendment(s) adopted this document was signed.	ion:	, if other than the
6/18/20	18	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	c does not meet the applicable statutory filing requirement ment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes east for the am lent for approval.	endment(s)
☐ The amendment(s) was/were approvement the separately provided for each	ed by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendme	ng statement nt(s):
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and share	cholder
6/18/2018 Dated		
Signature Wo	well prose	
(By a dire- selected, b	etor, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	not been other court
D	ARRELL MOORE	
	(Typed or printed name of person signing)	
Pl	RESIDENT	
_	(Title of person signing)	