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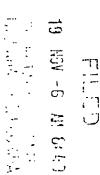
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DEC 0 6 2019 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: WSI ASSOCIATES INC
DOCUMENT NUMBER: <u>P14000021309</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jenni Boxer Name of Contact Person
<u>USI ASSOCIATES INC</u> Firm/Company
1220 Winter Gorden Vindand Rol #108
Winter Garden Fr 34787 City/State and Zip Code
Jenni baker ogadaccounting com E-mail address: (to be used for futury annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 864-848) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

P140000	currently filed with the Florid 21309 Sumber of Corporation (if known			
Pursuant to the provisions of section 607.1006, Florida State its Articles of Incorporation:	ites, this Florida Profit Corpora	tion adopts the follow	ring ameno	dment(s) to
A. If amending name, enter the new name of the corpora	ation:			
The state of the s			The)	
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A professional e	ncorporated or the orporation name ma	abbreviai st contain	tion the
B. Enter new principal office address, if applicable:		7	· 6	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		吾	_ ~~1
			· · ·	-;=
	 		<u> </u>	<u>n</u>
C. Enter new mailing address, if applicable:		·	產	O
(Mailing address MAY BE A POST OFFICE BOX)			· ?.	
		<u>پر</u>	<u> </u>	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		he name of the		
Name of New Registered Agent				
- (P	lorida street address)		_	
New Registered Office Address:	·	Florida		_
	(City)	(Z.	ip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	e <mark>d Agent:</mark> familiar with and accept the obli	gations of the position	ч.	
Signature o	of New Registered Agent, if char	iging		

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	<u>100e</u>	
\underline{X} Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	James Stendan	1220 WinterCacroten
Add			Winter Cardensung
Remove			FL 54:10
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			4100
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)				
·					
					
	<u> </u>				

			 -		
	 				
an amendment provides for an exch	ange, reclassific	ation, or cancell	ation of issued s	hares,	
orovisions for implementing the ame (if not applicable, indicate N/A)	idilent ii not co	ntamen in the a	menament usen	<u>:</u>	
· · · · · · · · · · · · · · · · · · ·					
<u> </u>					

The date of each amendment(s) ad	option:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were so	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
☐ The amendment(s) was/were appropriately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
The number of votes east	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
DatedSignature(By a select	director, president or other officer – if directors or officers have not been ed. by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President (Title of person signing)
	1 rate or kerom demos