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TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: BOBLEK CORPORATION DOCUMENT NUMBER: P14000074981 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN R. DOWD, JR., ESQUIRE Name of Contact Person DOWD LAW FIRM, P.A. Firm/ Company 25 BEAL PARKWAY, N.E., SUITE 230 Address FORT WALTON BEACH, FL 32548 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850) 650-2202

Area Code & Daytime Telephone Number DELANIA MCDOWELL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

Tallahassee, FL 32314

P.O. Bux 6327

Articles of Amendment to Articles of Incorporation of

FILED 17 AUG 14 PH 1: 33

BOBLEK CORPORATION

		STONE INC.	
(<u>Name (</u>	of Corporation as currently	filed with the Florida Dept. of State)	
P14000074981		,,,,,	
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			T
	ation "Corp." "Inc," or "C	" "company," or "incorporated" or the o". A professional corporation name mus A."	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		201 MIRACLE STRIP PARKWAY	
		FT. WALTON BEACH, FL 32548	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent	NARUMOL "LEK" WEBB		
	201 MIRACLE STRIP PAR	KWAY, FT. WALTON BEACH, FL 32548	}
	(Florida stree	t address)	_
New Registered Office Address:	201 MIRACLE STRIP PKWY, FT. WALTON BEACH Florida 32548		
	(0		v Code)
		th 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	<u>PT</u>	John Doc	
X Remove	\underline{V}	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	PVST	NELSON, ROBERT W.	P.O. BOX 1165
Add	- '		FT WALTON BEACH, FL 32549
X Remove			
2) Change	D	NELSON, ROBERT W.	P.O. BOX 1165
Add			FT WALTON BEACH, FL 32549
X Remove			
3) Change	PVST	NARUMOL "LEK" WEBB	1010 MIDDLE DR.
XAdd			FT WALTON BEACH, FL 32547
Remove			
4) Change	D	NARUMOL "LEK" WEBB	1010 MIDDLE DR.
X Add			FT WALTON BEACH, FL 32548
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Damova			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.				
provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				
N/A				

The date of each amendment(s) adoption:	_, 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 block does not meet the applicable statutory filing requirements, this date will adocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Hugust 1, 2017 Signature Menerol mell	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	- .7/1
NARUMOL "LEK" WEBB	
(Typed or printed name of person signing)	
PRESIDENT/DIRECTOR	
(Title of person signing)	

. . .