P14000094845

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(Cit	y/State/Zip/Phone	e #)
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C. GOLDEN MAY 11 2018

COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: Dogwood Services	Inc.	···
DOCUMENT NUM	BER: P14000094845		
	of Amendment and fee are su	binitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	Ross E. Statham		
	**	Name of Contact Persor	<u> </u>
	Dogwood Services Inc.		
		Firm/ Company	
	6795 Wirevine Dr		
		Address	
	Brooksville, FL 34602		
		City/ State and Zip Code	
rstatl	nam@dogwood.net		•
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
Ross Statham		703 at (514-3433
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment 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)
Am Div P.C	illing Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 MAY -7 AM 10: 06

Dogwood Services Inc.	rate tild = 1 - NU IO: C
(<u>Name of Corporate</u> P14000094845	tion as currently filed with the Florida Dept. of State CRETARY OF STAT
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the c	corporation:
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>OX</u>)
new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (7.ip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sig	nature 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> <u>Jol</u>	nn Doc	
\underline{X} Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Jeffrey Bowler	6795 Wirevine Dr
X Add			Brooksville, FL 34602
Remove			
2) Change	<u>v</u>	Paul Maynard	6795 Wirevine Dr
X Add			Brooksville, FL 34602
Remove			
3) Change	· v	Edward P. Rigel, Jr.	6795 Wirevine Dr
X Add			Brooksville, FL 34602
Remove			
4) Change	<u>v</u>	William Milligan	6795 Wirevine Dr
X Add	•		Brooksville, FL 34602
Remove			
5) Change	***************************************		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sl	neets, if necessary).	ticles, enter change((Be specific)			
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an amendment n	rovides for an excl	hange, reclassificati	ion, or cancellati	on of issued share	s.
<u>rovisions for imp</u>	lementing the amo	endment if not cont	ained in the ame	ndment itself:	_
(if not applicat	ble, indicate N/A)				
-					·
				·	
-	1				
					-

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
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 not be listed as the document's effective date on the Department of State's records.
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"
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.
May 3, 2018
Signature Row Statha Row & Stattia_
(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)
Ross Edward Statham
(Typed or printed name of person signing)
President
(Title of nercon cirming)