## P150000 10101

| (Requestor's Name)                      |
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| (Address)                               |
| <b>,</b>                                |
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| (Address)                               |
|                                         |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
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|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
| Borning Copies                          |
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| Special Instructions to Filing Officer: |
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Office Use Only



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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

15 FEB -5 PH 12: 46



FEB 0 5 2015 T. CARTER

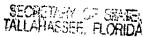
## **COVER LETTER**

|                                                                                                                                                                     | ₹*                                                                                       | COVER L                                                               | <u>etter</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| ΓO: Amendment Section Division of Corporations                                                                                                                      |                                                                                          |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ***                                                                                                             |
| ·                                                                                                                                                                   | Daniel                                                                                   | Koon                                                                  | Logaine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | In c                                                                                                            |
| DOCUMENT NUMBER:                                                                                                                                                    |                                                                                          | 00001                                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |
| The enclosed Articles of Amendme                                                                                                                                    |                                                                                          |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
| •                                                                                                                                                                   |                                                                                          |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
| Please return all correspondence co                                                                                                                                 | ncerning this matte                                                                      | er to the followi                                                     | ng:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |
|                                                                                                                                                                     | $\mathcal{D}_{i}$                                                                        | aniel V                                                               | Coon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |
| ***                                                                                                                                                                 |                                                                                          | Name of Cont                                                          | act Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |
|                                                                                                                                                                     |                                                                                          | F: /C:                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
|                                                                                                                                                                     | ,                                                                                        | Firm/ Cor                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
|                                                                                                                                                                     |                                                                                          | O\ SE<br>Addro                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ke Road                                                                                                         |
|                                                                                                                                                                     | ~                                                                                        |                                                                       | 32066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |
| <del></del>                                                                                                                                                         |                                                                                          | City/ State and                                                       | l Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |
|                                                                                                                                                                     | •                                                                                        | 1al 11                                                                | م ا                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |
| F-mail:                                                                                                                                                             | address (to be use                                                                       | d for future ann                                                      | al report notificat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ion                                                                                                             |
| L'illati                                                                                                                                                            | iddiess, (to be use                                                                      | a for future anni                                                     | тор отт                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ion)                                                                                                            |
|                                                                                                                                                                     |                                                                                          |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ion                                                                                                             |
|                                                                                                                                                                     |                                                                                          |                                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ion                                                                                                             |
|                                                                                                                                                                     |                                                                                          | call:                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
| For further information concerning                                                                                                                                  | this matter, please                                                                      | call:                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |
| For further information concerning  Daniel Kan  Name of Contact Pe                                                                                                  | this matter, please                                                                      | call:<br>at (                                                         | <b>386</b> ) <b>6</b><br>Area Code & Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>&amp;&amp;-OS7&amp;</b><br>ytime Telephone Numbe                                                             |
| For further information concerning  Daniel Kan  Name of Contact Pe  Enclosed is a check for the following                                                           | this matter, please<br>rson                                                              | call:at ( yable to the Flo                                            | 386 ) 6<br>Area Code & Day<br>orida Department o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>&amp;&amp; - O.S.7&amp;</b> -<br>ytime Telephone Number<br>f State:                                          |
| For further information concerning  Daniel Kan  Name of Contact Pe  Enclosed is a check for the following  \$\frac{2}{3}\$\$ \$35 Filing Fee \$ \frac{1}{3}\$\$43.7 | this matter, please<br>rson                                                              | call:<br>at (                                                         | 386 ) 6 Area Code & Day orida Department o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>&amp;&amp;-OS7&amp;</b><br>ytime Telephone Numbe                                                             |
| For further information concerning  Daniel Kan  Name of Contact Pe  Enclosed is a check for the following  \$\frac{2}{3}\$\$ \$35 Filing Fee \$ \frac{1}{3}\$\$43.7 | this matter, please rson ag amount made pa                                               | eall:at ( yable to the Flo \$43.75 Filing Certified Cop (Additional c | Area Code & Day  orida Department of Spice & Spice & Cert opy is Cert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>88-0578</b> ytime Telephone Number  f State:  50 Filing Fee ificate of Status ified Copy                     |
| For further information concerning  Daniel Kan  Name of Contact Pe  Enclosed is a check for the following  \$\frac{9}{43.7}\$                                       | this matter, please rson ag amount made pa                                               | call:at ( yable to the Flo  \$43.75 Filing Certified Cop              | Area Code & Day  orida Department of Space & Space & Cert  opy is Cert  (Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>&amp;&amp; - O.S.78-</b> Totate:  50 Filing Fee ificate of Status                                            |
| For further information concerning    Daniel   Kon     Name of Contact Pe                                                                                           | this matter, please<br>rson<br>og amount made pa<br>5 Filing Fee &<br>icate of Status    | eall:at ( yable to the Flo \$43.75 Filing Certified Cop (Additional c | Area Code & Day orida Department of S52 by Cert opy is Cert (Addis e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SP-0578- ytime Telephone Number f State: 50 Filing Fee ificate of Status ified Copy ditional Copy nclosed)      |
| For further information concerning    Daniel   Konne     Name of Contact Pe   Enclosed is a check for the following     \$35 Filing Fee                             | this matter, please rson g amount made pa 5 Filing Fee & icate of Status                 | eall:at ( yable to the Flo \$43.75 Filing Certified Cop (Additional c | Area Code & Day orida Department of Street Address Amendment Sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | gg-0578- ytime Telephone Number f State: 50 Filing Fee ificate of Status ified Copy ditional Copy nclosed)      |
| For further information concerning    Danie   Con     Name of Contact Pe   Enclosed is a check for the following     \$35 Filing Fee                                | this matter, please rson g amount made pa 5 Filing Fee & icate of Status                 | eall:at ( yable to the Flo \$43.75 Filing Certified Cop (Additional c | Area Code & Day orida Department of Section 19852  The section 19852 | ytime Telephone Number  f State:  50 Filing Fee  ificate of Status  ified Copy  ditional Copy  nclosed)         |
| For further information concerning    Daniel   Composition     Name of Contact Pe   Enclosed is a check for the following     \$35 Filing Fee                       | this matter, please rson  g amount made pa  5 Filing Fee & icate of Status  ion orations | eall:at ( yable to the Flo \$43.75 Filing Certified Cop (Additional c | Area Code & Day orida Department of Street Address Amendment Sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | gros78  ytime Telephone Number  f State:  50 Filing Fee  ificate of Status  ified Copy  ditional Copy  nclosed) |



## **Articles of Amendment** to Articles of Incorporation of

15 FEB -5 PM 12: 46



| Daniel Koon Logging IN                                                                                                                                                          | C                                                | TALLAHASSEE,         | FLORIDA           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------|-------------------|
| (Name of Corporation as currently filed w                                                                                                                                       | ith the Florida Dept. of State)                  |                      |                   |
| P15000010101                                                                                                                                                                    |                                                  |                      |                   |
| (Document Number of Corp.                                                                                                                                                       | oration (if known)                               |                      |                   |
| Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:                                                                                     | ates, this Florida Profit Corporation            | adopts the following | g amendment(s) to |
| A. If amending name, enter the new name of the corpora                                                                                                                          | ation:                                           |                      |                   |
|                                                                                                                                                                                 |                                                  |                      | The new           |
| name must be distinguishable and contain the word "co<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "In<br>word "chartered," "professional association," or the abbre | ac," or "Co". A professional corpo               |                      |                   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.                                                                        |                                                  |                      |                   |
|                                                                                                                                                                                 | **** *********************************           |                      |                   |
|                                                                                                                                                                                 |                                                  |                      |                   |
| C. Enter new mailing address, if applicable:                                                                                                                                    |                                                  |                      |                   |
| (Mailing address <u>MAY BE A POST OFFICE BOX)</u>                                                                                                                               |                                                  |                      |                   |
|                                                                                                                                                                                 |                                                  |                      |                   |
|                                                                                                                                                                                 |                                                  |                      |                   |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office                                                                  |                                                  | ame of the           |                   |
| Name of New Registered Agent                                                                                                                                                    |                                                  |                      |                   |
| Hume of New Registered Agem                                                                                                                                                     |                                                  | <del></del>          |                   |
|                                                                                                                                                                                 | Florida street address)                          |                      |                   |
| New Registered Office Address:                                                                                                                                                  | , Florid                                         | la                   |                   |
| New Negistered Office Madress.                                                                                                                                                  | (City)                                           | (Zip Code)           |                   |
|                                                                                                                                                                                 |                                                  |                      |                   |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J                                                             | d Agent: familiar with and accept the obligation | ons of the position. |                   |
|                                                                                                                                                                                 |                                                  | .y <u>r </u>         |                   |
| Signature of New Reg                                                                                                                                                            | gistered Agent, if changing                      | <del></del>          |                   |

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 <math>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:<br>X Change          | <u>PT</u> <u>J</u> | ohn Doe             |                   |
|-------------------------------|--------------------|---------------------|-------------------|
| X Remove                      | <u>v</u> <u>N</u>  | Mike Jones          |                   |
| X Add                         | <u>sv</u> <u>s</u> | Sally Smith         |                   |
| Type of Action<br>(Check One) | Title              | <u>Name</u>         | Address           |
| 1) Change                     | D                  | Edgar R Yother      | 4245 SE CR 405    |
| Add                           |                    |                     | Mayo, PL          |
| Remove                        |                    |                     | 32066             |
| 2) Change                     | D                  | Rene-Lopez Gonzalez | Live oak          |
| Remove                        |                    |                     | 32660             |
| 3) Change                     | _5_                | Eva K Bolton        | 266 SE pussell De |
| Add                           |                    |                     | maya, FL          |
|                               |                    |                     | 32066             |
| 4) Change                     |                    |                     |                   |
| Add                           |                    |                     |                   |
| Remove                        |                    |                     |                   |
| 5) Change                     |                    |                     |                   |
| Add                           |                    |                     |                   |
| Remove                        |                    |                     |                   |
| 6) Change                     |                    | <del> </del>        |                   |
| Add                           |                    |                     |                   |
| Remove                        |                    |                     |                   |

| •                                                                        | (Be specific)                                    | <u>here</u> :                                |            |
|--------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|------------|
| •                                                                        |                                                  |                                              |            |
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|                                                                          |                                                  |                                              |            |
| f an amendment provides for an exch                                      |                                                  | au armallatian afia                          | and shares |
| it an amenument provides for an exch                                     | ange, reclassification,<br>adment if not contain | ed in the amendmen                           | titself:   |
| provisions for implementing the ame                                      |                                                  |                                              |            |
| (if not applicable, indicate N/A)                                        |                                                  |                                              |            |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |                                                  |                                              |            |
| provisions for implementing the ame (if not applicable, indicate N/A)    |                                                  |                                              |            |
| provisions for implementing the ame (if not applicable, indicate N/A)    |                                                  |                                              |            |
| provisions for implementing the ame (if not applicable, indicate N/A)    |                                                  |                                              |            |
| provisions for implementing the ame (if not applicable, indicate N/A)    |                                                  |                                              |            |
| provisions for implementing the ame (if not applicable, indicate N/A)    |                                                  |                                              |            |
| provisions for implementing the ame (if not applicable, indicate N/A)    |                                                  |                                              |            |

| The date of each amendi                      |                                                                                                                                                                | , if other than the |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| date this document was sig                   | gned.                                                                                                                                                          |                     |
| Effective date if applicat                   | (no more than 90 days after amendment file date)                                                                                                               | _                   |
| Adoption of Amendment                        | (s) (CHECK ONE)                                                                                                                                                |                     |
| The amendment(s) was                         | were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.                                               |                     |
|                                              | wwere approved by the shareholders through voting groups. The following statement wided 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)                                                                                                                                                 |                     |
| •                                            | (voting group)                                                                                                                                                 |                     |
| The amendment(s) was action was not required | /were adopted by the board of directors without shareholder action and shareholder                                                                             |                     |
| The amendment(s) was action was not required | /were adopted by the incorporators without shareholder action and shareholder                                                                                  |                     |
| Dated_                                       | 2-5-2015                                                                                                                                                       |                     |
| Signatur                                     | o Daniel Koon                                                                                                                                                  |                     |
|                                              | (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)                                   |                     |
|                                              | (Typed or printed name of person signing)                                                                                                                      | _                   |
|                                              | (Typed or printed name of person signing)                                                                                                                      |                     |
|                                              | President                                                                                                                                                      |                     |
|                                              | (Title of person signing)                                                                                                                                      |                     |