P15000025865

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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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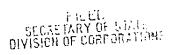
TO: Amendment Section Division of Corporations

Bivision of Corpor	ations		
	HI-WAYS ER: P150000258		NC
DOCUMENT NUMBER	LK:		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
<u>,</u>	JAMES R WIL		
		Name of Contact Person	n
<u> </u>	EMERALD CO		RVICE
	400 0 4 4 4 4 4 4	Firm/ Company	
_	102 OAKHILL	AVE	
		Address	
Ï	FT WALTON E	BEACH, FL 3	2547
_		City/ State and Zip Cod	e
o o t	o inceliuna ca	~	
ecis	s-inc@juno.coi		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call·	
	concerning in a matter, produ		
JAMES R V	VILDER	_at (850	, 863-3378
Name of	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
			is enclosed)
Maili	ing Address	Street	Address
	ndment Section		Iment Section
	sion of Corporations		on of Corporations
P.O. 1	Box 6327	Clifton	Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



15 APR -6 PM 1:44

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(Name of Corporation as currently filed with the	Florida Dept. of State)
P15000025865	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	18596 HWY 331 SOUTH
(Principal office address MUST BE A STREET ADDRESS)	FREEPORT, FL 32439
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18596 HWY 331 SOUTH
	FREEPORT, FL 32439
	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	ldress in Florida, enter the name of the ess;
Name of New Registered Agent	 _
(Florida	street address)
New Registered Office Address:	, Florida
(Ci	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: or with and accept the obligations of the position.
Signature of New Registere	d Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	ידים	Jahn D		
X_Change	<u>PT</u>	John Do		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P, TC)	LEANN HORN	18596 HWY 331 SOUTH
Add				FREEPORT, FL 32439
Remove				
2) Change	VP, C)	BEKKE HORN	18596 HWY 331 SOUTH
Add				FREEPORT, FL 32439
Remove				
3) Change	S, D	_	ASHLEIGH DURHAM	18596 HWY 331 SOUTH
Add				FREEPORT, FL 32439
Remove				
4) Change	<u> </u>	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
	
an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of its left.
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
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The date of each amendment(s) adoption: , if other than the 15 APR -6 PM 1: 44 date this document was signed. Effective date if applicable: (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) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated_04-01-2015 Signature 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) JAMES R WILDER (Typed or printed name of person signing) REGISTERED AGENT - Authorized Representitive
(Title of person signing)