P15000026981

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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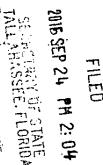
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: WILSON ENTERPRISE COYOUP INC
DOCUMENT NUMBER: 21 5000026981
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lucreta wilson Name of Contact Person
WILSON Enterprise GOUP Firm/ Company
2100 45th Freet Site B13
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (501) 809 151 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

	of		1	
WILSON EMEROUSE	e group In	2015	SEP 24 PH 2:01	4
(Name of Co	orporation as currently	filed with the Florida	Dept. of State) OTATE	:
P15000026981	or portune and our reading	SE TAI	AHASSEE, FLORIC	Ā
	(Document Number of C	Corporation (if known)	\$ PK	
	(Doubling Name)	((((((((((()	29414 h	
Pursuant to the provisions of section 607.1006 ts Articles of Incorporation:	5, Florida Statutes, this <i>Fl</i>	orida Profit Corporati	on adopts the following	amendment(s) t
A. If amending name, enter the new name	of the corporation:			
			,	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co	o". A professional co		
3. Enter new principal office address, if ap	unlicable:			
Principal office address MUST BE A STRE				
· ····································	DI NODICOO)			
C. Enter new mailing address, if applicable				
(Mailing address <u>MAY BE A POST OF</u> F	<u>ICE BOX</u>)			
				
). If amending the registered agent and/or	registered office addres	s in Florida, enter the	e name of the	
new registered agent and/or the new re				
Name of New Registered Agent				
	(m) 11			
	(Florida street	address)		
New Registered Office Address:			, Florida	
New Registered Office Address.	10	litv)	Zip Co	ode)
	10	••9/	(24)	,,,,
New Registered Agent's Signature, if change	zing Registered Agent:			
hereby accept the appointment as registered	agent. I am familiar wit	h and accept the oblig	ations of the position.	
	-		, •	

Signature of New Registered Agent, if changing

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

(Attach additional sheets, if necessary)

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

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

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

Example: X Change	PT John De	<u>oe</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	<u>C</u>	Glencia wilson	2100 45th Street.
Add			Suite B13
Remove			· W.P. B. FL 3340
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	

The date of each amendment(s) adoption: 61112015 (A 1905 1, 2015) , if other than the
late this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (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
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)
Lucretia Wilson
(Typed or printed name of person signing)
(Title of person signing)