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| Certified Copies | _ Certificates | s of Status |
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EFFECTIVE DATE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: BFS SERVICES | INC | |
|--|--|--|
| DOCUMENT NUMBER: P15000045168 | | |
| The enclosed Articles of Amendment and fee are s | ubmitted for filing. | |
| Please return all correspondence concerning this m | atter to the following: | |
| DARLENE BURKE | | |
| | Name of Contact Person | 1 |
| DARLENE BURKE, CPA, | PA | |
| | Firm/ Company | |
| 1005 W COLLEGE BLVD | STE A | |
| | Address | |
| NICEVILLE FL 32578 | | |
| | City/ State and Zip Code | |
| DBURKECPA@MSN.COM | | |
| E-mail address: (to be a | used for future annual report | notification) |
| For further information concerning this matter, plea | ase call: | |
| DARLENE BURKE | at (850 | 678-2801 |
| Name of 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 & 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton | Address ment Section n of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curren | tly filed with the Flori | da Dept. of State) |
|--|--------------------------|---------------------------------------|
| 15000045168 | | |
| (Document Number | of Corporation (if know | m) |
| ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation: | s Florida Profit Corpor | ration adopts the following amendment |
| If amending name, enter the new name of the corporation: | | |
| INTAGE BARN INC | | The new |
| nme must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation | "Co". A professional | |
| | N/A | |
| Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | |
| | | <u>≃-1,</u> |
| 16 | | |
| If amending the registered agent and/or registered office address registered agent and/or the new registered office address | | the name of the |
| Name of New Registered Agent N/A | | 26 E |
| | | 3 0 |
| (Florida s | treet address) | ب |
| | | , Florida |
| New Registered Office Address: | (City) | (Zip Code) |

Articles of Amendment to Articles of Incorporation of

BFS SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000045168 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: VINTAGE BARN INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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

(Attach additional sheets, if necessary)

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

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

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

| Example: X Change | <u>PT</u> | John Doe | |
|----------------------------|--------------|------------------|---|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | sv | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1)Change | V. Pre | . Traci Li Posto | V 463 Rush Park Circle May Esther Fl |
| Add | | | MAN Fother Fl |
| Remove | | | 32569 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | - | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | <mark>ng or adding additional A</mark> litional sheets, if necessary |). (Be specific) | - | | |
|------------------------|---|-----------------------|------------------------|---------------------------------------|-------------|
| N/A | | | | | |
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| if an ameno | dment provides for an exc | change, reclassifics: | tion or cancellation o | of iecued chares | |
| provisions | for implementing the am | nendment if not con | ained in the amenda | ent itself: | |
| (<i>ij noi</i> //A | applicable, indicate N/A) | | | | |
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| | JUNE 20, 2017 | | |
|--|--------------------------------|---|-------------------------------------|
| The date of each amendment(s) ac | doption: | · . · · · · · · · · · · · · · · · · · · | , if other than the |
| date this document was signed. | • | | |
| Effective date if applicable: | Y 1, 2017 | | |
| Effective date it applicable: | (no more than | 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | | licable statutory filing requirements, | this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were ado by the shareholders was/were sur | | he number of votes cast for the amend | iment(s) |
| | | arough voting groups. The following o vote separately on the amendments | |
| | for the amendment(s) was/we | • • | |
| by | (voting group) | *** | |
| | (voting group) | | |
| action was not required. | | rs without shareholder action and sha | |
| Li The amendment(s) was/were adoption was not required. | pted by the incorporators wit | thout shareholder action and sharehol | der |
| Dated <u>Xo</u> Z | 12/17 | | |
| | 71 | | |
| Signature # | Tor | | |
| | | icer - if directors or officers have no | been |
| | | he hands of a receiver, trustee, or oth | |
| appointe | ed fiduciary by that fiduciary | y) | • |
| _ | Frank E. T. | I name of person signing) | |
| | (Typed or printed | l name of person signing) | |
| _ | President | | |
| _ | (Title | of person signing) | |