## P15000047649

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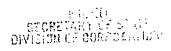
## **CÖVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: WESTPROP, INC			
DOCUMENT NU	MBER: P15000047649			
	les of Amendment and fee are su	bmitted for filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
	Jon A. Hinden, Esquire			
		Name of Contact Person	1	
	Webber, Hinden, McLean &	Arbeiter, PA		
	<del></del>	Firm/ Company		
	4430 SW 64th Avenue			
		Address		
	Davie, FL 33314			
		City/ State and Zip Code	e	
_	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	ation concerning this matter, pleas	se call:		
Jon A. Hinden, Esc	nuire	954	587-3058	
		at (954) 587-3058  Area Code & Daytime Telephone Number		
Nar	ne of Contact Person	Area Co	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)	
7 1 F	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



WESTPROP, INC.	15 NOV 25 AH 10: 45
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P15000047649	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDI</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
•	<u></u>
Name of New Registered Agent	
	(Florida street address)
ye.	
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Regi	
i hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

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

(Attach additional sheets, if necessary)

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

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

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

Example: X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P/D	Jon A. Hinden	4430 SW 64th Avenue
Add			Davie, FL 33314
Remove			
2) X Change	COO/D/VP	Charles E. West, Jr.	c/o Templeton & Company
Add			301 E. Las Olas Blvd., Suite 800
Remove			Fort Lauderdale, FL 33301
3) Change			
Add			
Remove			
4) Change			
Add	<del></del>		
Remove			
S) Change			
5) Change			
Add			***************************************
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
<u>'</u>	
	<del></del>
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:				, if	other than the
date this document was signed.	K)	22	2015	SECRETAIN DIVISION OF S	TOT STAFE TRPERATION
Effective date if applicable:	(no more than 90	days after a	2015 mendment file date)	15 NOV 25	
Note: If the date inserted in this block document's effective date on the Departmen		able statutory	filing requirements,	•	, ,
Adoption of Amendment(s) (	CHECK ONE)				
The amendment(s) was/were adopted by by the shareholders was/were sufficient to		number of vo	tes cast for the amend	lment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vo					
"The number of votes cast for the a	mendment(s) was/were	sufficient fo	r approval		
by	(voting group)		."		
☐ The amendment(s) was/were adopted by action was not required.	the board of directors v	vithout share	holder action and shar	eholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators witho	out sharehold	er action and sharehol	der	
DatedNov_	23, 3015				
	resident or other office incorporator – if in the diary by that fiduciary)		rs or officers have no		
	Jon (Typed or printed n	A. H	Inden		
	As A	reside	NT_		
	(Title o	f person sign	ing)		