P15000057934

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TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:South	em Oil Recovery Inc.	
DOCUMENT NUMBER:	1	P15000057934	
The enclosed Articles of Ar	nendment and fee are su	abmitted for filing.	
Please return all correspond	lence concerning this ma	atter to the following:	
		Kerry Welborn	
		Name of Contact Person	
	··	Firm/ Company	
		P.O. Box 1205	
<u></u>		Address	
		Geneva, Florida 32732	
		City/ State and Zip Code	
		KWelborn65@aol.com	
	E-mail address: (to be u	sed for future annual report	notification)
For further information con-	cerning this matter, plea	se call:	
Kerry Welborn		at (509-9683
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Southern Oil Recovery Inc.

(manic of C)	rporation as curren	tly filed with the Florida Dept. of St	ate)
	P15000057934		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this	s Florida Profit Corporation adopts the	ne following amendment(s) to
A. If amending name, enter the new name on NA	of the corporation:		77
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp." "Inc." or	"Co". A professional corporation n	The new or the abbreviation ame must contain the
B. Enter new principal office address, if ap	unlicable:	NA	76
(Principal office address MUST BE A STRE			T.
		<u></u>	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P. O. Box 1205	
		Geneva, Florida 32732	ு. வ
D. If amending the registered agent and/or new registered agent and/or the new reg			<u>he</u>
Name of New Registered Agent	Kerry Dreggors		
	1001 End O The Tr	ail	
_	(Florida s	treet addressi	
New Registered Office Address:	Geneva	. Flori	32732
New Registered Office Address:		, 1 (01)	J(1

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, F as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	David Welborn	1221 Mullet Lake Park Road
Add			Geneva, Florida 32732
X Remove			
2) Change	D	Kerry Dreggors	P.O. Box 1205
X Add			Geneva, Florida 32732
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

Attach additional sheets, if necessary). (Be specific) NA NA	
	· · · · · · · · · · · · · · · · · · ·
	
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
NA	

	September 12, 2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	NA	
Effective date <u>if applicable</u> :	(no more than 90 days after amendmen	a GL Lan
	(no more intin 30 days after amenamen	i jne date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing redepartment of State's records.	quirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east fulficient for approval.	or the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The each voting group entitled to vote separately on the e	ve following statement amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approva	ıl
by		
-	(voting group)	
action was not required.	lopted by the board of directors without shareholder action alopted by the incorporators without shareholder action a	
action was not required.		
Dated	ptember 12, 2019	
Signature	Della Wille	
	director, president or other officer - if directors or office	cers have not been
selec	ed, by an incorporator – if in the hands of a receiver, tr	ustee, or other court
appo	nted fiduciary by that fiduciary)	
	Kerry Welborn	
	(Typed or printed name of person signing))
	President	
	(Title of person signing)	