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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corporations
NAME OF CORPORATION: <u>ST JOE MOBIL HOME IN</u> STALLERS FAL DOCUMENT NUMBER: <u>P-160000 12212</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person NA POBOX 962 Address
SAN ANTONIO, FL 33576 City/ State and Zip Code ST Joe Mobil Homo Installer (2) 6 MAI (. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Steven 6 Aut at 813, 714 2801
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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

31 Doe Mobil Home	o Installers,	1100	
<u> </u>	filed with the Florida Dept. of State)		
<u>P-16000012213</u>	2		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida Profit Corporation adopts the fo	ollowing amend	ment(s)
A. If amending name, enter the new name of the corporation:			
NIA		The n	ew
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name	the abbreviati must contain t	on he
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	A JA		<u>-</u> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		22 50 20 40 spc	- -
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		AR 24	1112
Name of New Registered Agent	<u> 10/4</u>	<u> </u>	
New Registered Office Address:	et address) , Florida_	<u> </u>	-
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pos	sition.	
\mathcal{N}/\mathcal{I}	A		
Signature of New Re	egistered Agent, if changing	"	

If amending the Officer's 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 D	<u>Ooe</u>	
X Remove	V Mike J	lones .	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	GANT, JAMES F.	P.O. BOX 962
Add Remove		C	-SAN HNTONIO FL 33576
2) Change	VP	TAMARGO, RAYMOND JR.	10. Box 962
Add Remove	0.0		- 0 /
3) Change	<u>PS</u>	Cole, Jeffery A.	P.D. BOX 962 SAN ANTONIO
Add			FL 33576
4) Change		N/A	
Add		,	
5) Change		N/A	
Add Remove		1	
6) Change	 	N/A	
Add			
Remove			

C. <u>If amending or add</u> (Attach <i>additional si</i>	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)
provisions for imp	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself: ble, indicate N/A
	V

P-160000 12212

The state of the s	7-1-11	
The date of each amendment(s) adoption date this document was signed.	:	, if other than the
Effective date if applicable:	3-1-1/	
Exteritse date il Appurante.	(no more than 91) days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements at of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amer for approval.	idment(s)
	y the shareholders through voting groups. The following principle of the amendment	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	nehold e r
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without starcholder notion and shareho	older
Dated 3-1-	16	
	711	
Signaturo By a director	president or other officer - if directors or officers have no	nt heen
selected, by an	incorporator – if in the hands of a receiver, trustee, or other by that fiduciary)	ier court
<u> </u>	Steven W. GANT	
	(Typed or printed name of person signing)	
	Registered Agent	
	(This of passon digitally)	٠
3	-24-16	
Je	oferny a colo	
2	effery A. Cole Page 4 of 4	
	PROS / Sec	