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| (Ŗe | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Name |) |
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| Certified Copies | _ Certificates o | f Status |
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COVER LETTER

TO: Amendment Section

Division of Corporations Berson Building Lompany, Inc. DOCUMENT NUMBER: P16000019581 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William J. Wieland
Name of Contact Person Bogin Munns & Murns Firm/ Company 8226 N Whakham Rd Suite 201 Melbourne FL 32940 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (321) 254 3939 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

| | Articles of Inc | orporation | |
|---|---|---|--|
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| DENSON | | | <u>iç, </u> |
| _ | | y filed with the Florida Dept. of Stat | <u>e</u>) |
| P160000199 | 591 | | |
| | (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 06, Florida Statutes, this | Florida Profit Corporation adopts the | following amendment(s) to |
| A. If amending name, enter the new nam | e of the corporation: | | |
| _ | lla. | | The new |
| name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio | n the word "corporation on "Corp," "Inc," or " | n," "company," or "incorporated" Co". A professional corporation nai | or the abbreviation |
| 3. Enter new principal office address, if | annlicable: | NIA | |
| Principal office address <u>MUST BE A STR</u> | | | |
| | | | |
| | | | <u></u> |
| C. Enter new mailing address, if applica | ble: | 1 . | |
| (Mailing address MAY BE A POST OF | | N/A | 12 |
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| | | | च्या है हैं। |
| . If amending the registered agent and/ | | | I I |
| new registered agent and/or the new r | • | | |
| Name of New Registered Agent | NIA | | <u> </u> |
| | | | ب الم |
| | (Florida stre | eet address) | |
| New Registered Office Address: | NlA | , Florida | |
| | | (City) | (Zip Code) |
| | | | |
| | • | | |
| ew Registered Agent's Signature, if char hereby accept the appointment as registere | | | nasitian. |
| посод высерение арронинен из гезыват | a agem. I um jummum | an and accept the obligations of the p | · · · · · · · · · · · · · · · · · · · |
| | 1. | | |
| <u></u> | NIA | | |
| | Signature of New R | egistered 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 | <u>Doe</u> | |
|-------------------------------|----------------------|----------------|-----------------------|
| X Remove | <u>V</u> <u>Mike</u> | Jones | |
| X Add | SV Sally | <u>Smith</u> | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | <u> </u> | Richard COONEY | 302 VILLAGE Lane |
| Add | | | Winter Pank, Fr 32792 |
| Remove | | | |
| 2) X Change | PTSD | Gary Segent | 104 Adminal Lane |
| Add | | | De Bany, Fr 32713 |
| Remove | | | |
| 3) Change | | | |
| Add · | | | |
| Remove | | | |
| 4) Change | | | 4 |
| Add | | | |
| Remove | | | ** |
| 5) Change | | | |
| Add | | | **** |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | s, if necessary). | (Be specific) | | | |
|---|-------------------|-------------------|--------------------|--------------------|------------|
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| an amendment prov | ides for an excha | nge, reclassifica | tion, or cancellat | ion of issued shar | <u>es.</u> |
| rovisions for implen (if not applicable, | ienting the amen | dment if not con | tained in the ame | endment itself: | |
| (g not application, | maidale 1771) | NA | | | |
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| The date of each amendment(s) ado | ption: | , if other than th |
|---|---|---------------------------------|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the Department | ck does not meet the applicable statutory filing requirements, this urtment of State's records. | s date will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adop by the shareholders was/were suff | ed by the shareholders. The number of votes cast for the amendme cient for approval. | mt(s) |
| | oved by the shareholders through voting groups. The following statuch voting group entitled to vote separately on the amendment(s): | 'ement |
| "The number of votes cast fo | r the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were adopt action was not required. | ed by the board of directors without shareholder action and shareholder | older |
| The amendment(s) was/were adopt action was not required. | ed by the incorporators without shareholder action and shareholder | r |
| XDated 3/2 XSignature | 7/2016 | |
| Signature (By a dim | ector, president or other officer f if directors or officers have not be | |
| selected, | by an incorporator — if in the hands of a receiver, trustee, or other of | court |
| | fiduciary by that fiduciary) | |
| | Gary Segent | |
| _ | (Typed or printed name of person signing) | |
| _ | PTSD | |
| | (Title of person signing) | |