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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: WFB, Inc.		
DOCUMENT NUN	MBER: P16000036301		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Weslaty Bryant		
		Name of Contact Person	1
	WFB, Inc		
		Firm/ Company	
	66 Starlake Dr.		
		Address	
	Pensacoka Fl		
		City/ State and Zip Code	
	mycpalawyer@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	tion concerning this matter, pleas	se call:	
Wes Bryant		at (850	4851532
Name 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:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WFB, INC 2020 1 7 - 2 PM 12: LK (Name of Corporation as currently filed with the Florida Dept. of State) P16000036301 (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: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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) 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

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	April Michelle Tompkins	66 Starlake Dr
Add			Pensacola
x Remove			FI 32507
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	·		
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	,
	·
<u> </u>	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
- DI VII DIVID IVI HIIVICHUUNE HIR AIHC	
(if not applicable, indicate N/A)	

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• • •	2/28/2020	
The date of each amend date this document was si	ment(s) adoption:	, if other than th
Effective date if applical	2/28/2020 blos	
Effective date il applical	(no more than 90 days after amendment file date)	
	d in this block does not meet the applicable statutory filing requirements, the on the Department of State's records.	is date will not be listed as th
Adoption of Amendmen	t(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was action was not required	s/were adopted by the incorporators, or board of directors without shareholder d.	action and shareholder
	s/were adopted by the shareholders. The number of votes cast for the amenda as/were sufficient for approval.	nent(s)
	s/were approved by the shareholders through voting groups. The following standard for each voting group entitled to vote separately on the amendment(s):	
"The number of	votes cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
2	/28/2020	
Dated_ Signatu	ire I los a Rujes president	
J	(By a director, president or other officer - if directors or officers have not be	een
	selected, by an incorporator I if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
	Wesley F. Bryant	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	