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COVER LETTER

TO: Amendment Section

Division of Corporations	•
NAME OF CORPORATION: WFB, I	nc
DOCUMENT NUMBER: 7 160000 36	301
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
WESLEY F WESLEY F Le 6 Pensace WESLINCIE WESLINCIE WESLEY WESLE	Name of Contact Person INC Firm/ Company Hay Lake Dr. Address Address City/ State and Zip Code 16 @ AMAI . Com sed for future annual report notification)
For further information concerning this matter, plea	
Wesley F. Bryant Name of Contact Person	at (<u>450</u>) <u>446-1532</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made \$\sqrt{\$35}\$ Filing Fee \$	payable to the Florida Department of State: S43.75 Filing Fee & S52.50 Filing Fee
Certificate of Status	Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WFB, INC		
	filed with the Florida Dept. of State)	
P 160000 36301		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	Torida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbre professional corporation name must c	viation "Corp.," ontain the word
p. p	NA	
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 address and the registered of the second	N A	
new registered agent and/or the new registered office address:	×1.0	
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	Florida, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	City) ith and accept the obligations of the posi	
		N) "
\wedge	A	7
	gistered Agent, if changing	—— <u>Ş</u>
Check if applicable	A ES	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	.,,	Call

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>Joh</u> ı	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	5	Johnie C. Chisum	7 Linda Street Pensawa, FL 32506
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

). (Be specific) NA
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an amendment provides for an ex	schange, reclassification, or cancellation of issued shares,
an amendment provides for an expressions for implementing the ar	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	<u> </u>
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The date of each amendment(s) adoption: A wy 15 2021, if other than the
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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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
bv
by
Dated 15 July 2021
Signature Westlery & Bryant (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Pracident
(Title of person signing)