

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(Do	cument Number)	
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Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	

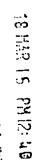
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ice Wizards INC NAME OF CORPORATION: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathleen MErath Name of Contact Person LICE WIZOVOLS 10 old 41 Rd # ddress: (to be used for future annual report notification) For further information concerning this matter, please call: Lathleen MCGrath at (239) 370-0535

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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Lice Wizards	, Inc	` •			
(Name of Corporation	on as currently	filed with the Florida	Dept. of State)		
P160000	7932	22			
	ent Number of C	Corporation (if known)			.
·		•			
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Fl	orida Profit Corporatio	on adopts the foll	owing ameno	iment(s)
A. If amending name, enter the new name of the cor	rparation:				
name must be distinguishable and contain the word	d "nomentiam	"		The I	
"Corp.," "Inc.," or Co.," or the designation "Corp,					
word "chartered," "professional association," or the o	abbreviation "P.	A. "		,	
D. Unton now principal office address if applicables					•
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.					
	 ,				_ =
)
C. Enter new mailing address, if applicable:				- F	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	Y)		. -	77.70	
				,.•	<i></i>
					_
D. If amending the registered agent and/or registere	ed office addres	s in Florida, enter the	nume of the		
new registered agent and/or the new registered of		sur i milia, enter the	manie or the		
W. CM. B. S. Le					
Name of New Registered Agent					
		<u></u>		<u> </u>	
	(Florida street	t address)			
New Registered Office Address:			. Florida		
	(C	ity)		(Zip Code)	_
New Registered Agent's Signature, if changing Regi					
I hereby accept the appointment as registered agent.	l am familiar wit	h and accept the obliga	itions of the posit	ion.	
Siona	iture of New Per	nistored Agent if chang	ina		

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 <math>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	2			
X Remove	<u>V</u>	Mike Jon	<u>ies</u>			
X Add	<u>sv</u>	Sally Sm	ith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change		_	Eisenberg	, Jemifer	10893	Alyara We Springs, FL
Add			J	-	150nite	Springs, FL
Remove						<u>3</u> 4135
2) Change	<u> </u>		McGrath.	Kathleen	Napus,	<u> PL</u>
Add				-	Napus,	<u> </u>
Remove				,		04101
3) Change						
Add						
Remove						
4) Change		_		<u> </u>	- —	
Add						
Remove						
5) Change						
Add						
Remove						
6) Change			<u> </u>			
Add						
Remove						

	(Be specific)
1.01	
if an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 3–12– 18	
(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 dadocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
action was not required.	
Dated	
Signature (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 course.)	
appointed fiduciary by that fiduciary)	.1
appointed reducincy by time reducincy)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	