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COVER LETTER

TO: Amendment Section		^	
Division of Corpor	auons	, /)	1
	Ha	wars Pr	opertiest fruction
NAME OF CORPORA	ATION:	100 1 J	<u> </u>
DOCUMENT NUMBI	ER:	<u>//00002</u>	330L
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
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-		Name of Confact Person	
			in and Associates
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	E-mail address: (to be us	ed for future annual report	
For further information	concerning this matter, pleas	e call·	
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1, 1	1.// // // // //	(10)	1.896-3000
	2// ///W//	at (Y 0 /	_)
Name of	f 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:
\			
\$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 (Additional Copy
		enclosed)	is enclosed)
<u>Mail</u>	ing Address		Address
Amer	adment Section	Ameno	Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles	of Incorporation			
Annan's	· Para	ties + I	West	ment
(Name of Corporation as cui	rrently filed with the	Florida Dept. of Stat	te)	11 1 2 2
I	D hann	027702	_	
(Document Num	ber of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this <i>Florida Profit</i> C	Corporation adopts the	following ame	endment(s) t
A. If amending name, enter the new name of the corporation of the corp	ruperties	Inc		new
name must be distinguishable and contain the word "corp, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A profess	" or "incorporated" sional corporation na	or the abbrev me must conta	ciation ain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			ALLANASS	— <u> —</u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	e address in Florida, ldress:	enter the name of the	B PM 4: 09	
Name of New Registered Agent				
(Flor	rida street address)		<u> </u>	
New Registered Office Address:	(Circl)	, Florida	3(Zip Code)	
New Registered Agent's Signature, if changing Registered Alerehy accept the appointment as registered agent. I am fan	(City) Agent: ailiar with and accept	the obligations of the _l		
Signature of	New Registered 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.

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)	<u>Title</u>	<u>Name</u>	Address
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			1000
Add			
Remove			
Shara			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
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	large and assessment of accordance	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

		9/21/18	, if other than the
The date of each amendment(s) as date this document was signed.	doption:	1/	, if other than the
Effective date <u>if applicable</u> :		<u> </u>	
	(no more than 90	days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicate partment of State's records.	able statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were su		number of votes cast for the amen	dment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through each voting group entitled to v	ugh voting groups. The following rote separately on the amendment(statement (s):
	for the amendment(s) was/were		
by	(voting group)	·"	
·	(voting group)		
☐ The amendment(s) was/were add action was not required.	opted by the board of directors v	without shareholder action and sha	reholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators with	out shareholder action and shareho	lder
Dated	9/21/18		
Signature	C	er – if directors or officers have no	ot hour
		hands of a receiver, trustee, or other	
арроіп	ued fiduciary by that (iduciary)	in DAKh.	·/
	(Typed or printed n	name of person signing)	
		Pres	
	(Title o	of person signing)	