P17000024605

| (Reque | estor's Name) | |
|-----------------------------------------|---------------|-------|
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phor | ne #) |
| PICK-UP | WAIT | MAIL |
| (Busine | ess Entity Na | me) |
| (Docur | nent Number |) |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filin | ng Officer: | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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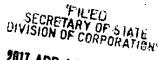
COVER LETTER

TO: Amendment Section

Division of Corporations

| 5 1 5 | 07 0 1 7 1110 | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NAME OF CORPORATION: $B \in D$ | OF SW FL, INC. | | |
| DOCUMENT NUMBER: P1700002 | 24605 | | |
| The enclosed Articles of Amendment and fee are su | bmitted for filing. | | |
| Please return all correspondence concerning this ma | tter to the following: | | |
| | t Christopher Droud Name of Contact Person | | |
| B&D OF S | W FL. INC. | | |
| | Firm/ Company | | |
| P.O. Box 393 | 7 15091 Hawks Shadow Dr. | | |
| T L M | TI 320AE | | |
| Fort Myers, FL. 33905 City/ State and Zip Code | | | |
| • | City/ State and Zip Code | | |
| cdroud | @gmail.com sed for future annual report notification) | | |
| E-mail address: (to be us | ed for future annual report notification) | | |
| For further information concerning this matter, pleas | se call: | | |
| Robert C. Droud | at (239) 940-9681 | | |
| 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 Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address | Street Address | | |
| Amendment Section | Amendment Section | | |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | |
| | Tallahassee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of



1 72

2017 APR 18 PM 3: 40

| (Name of Corporation as currently | filed with the Florida Dept. of State) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| B&D OF SW FLINC. P1700 | 0024605 |
| (Document Number of C | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation: | orida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| N/A | The new |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P | o". A professional corporation name must contain the |
| | N/Δ |
| 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: | 74 B . 2027 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | 7.0. Box 3937 |
| | N. Ft. Myers, FL 33918 |
| | |
| D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address: | ss in Florida, enter the name of the |
| Name of New Registered Agent Robert Chr | stopher Dmud |
| | s Shadow Dr. |
| (Florida stree | t address) |
| New Registered Office Address: Fort Myers | , Florida33905_ |
| 1 (6 | City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent. I am familiar wi | th and accept the obligations of the position. |
| 1 | |
| NIA | |
| Signature of New Res | vistered 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 | <u>SV</u> <u>Sally</u> | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | <u></u> | John Robert Droud II | 19781 Nalle Rd. NFM |
| X Add | | | FL 33917 |
| Remove | | | |
| 2) Change | PSTD | Rübert Christopher | 15091 Hawks Shadow D Ft. Myers, Fl 33905 |
| Add | | Divid | Ft. Myors, F1 33905 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | • | |
| 4) Change | | <u></u> | |
| Add | | | <u> </u> |
| Remove | | | |
| 5) Change | | | |
| Add | | | * |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| ttach <i>additional sl</i> | ling additional Arti heets, if necessary). | (Be specific) | | | |
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| rovisions for imp | rovides for an exch lementing the amer ble, indicate N/A) | ange, reclassificati ndment if not conta | on, or cancellation lined in the amend | <u>of issued shares</u> Iment itself: | is a |
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| The date of each amendment(s) adoption: 4-14-201 , if other than t 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 t 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 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 |
| 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. |
| Dated 4-14-2017 |
| 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 court appointed fiduciary by that fiduciary) |
| Robert Christopher Droud (Typed or printed name of person signing) |
| |
| President |
| (Title of person signing) |