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| PICK-UP                   | ☐ WAIT            | MAIL        |
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| Certified Copies          | Certificates      | s of Status |
| Special Instructions to f | Filing Officer:   |             |
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Office Use Only



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2019 NOV -8 FD H 4.



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           | RATION: Wolf Branch Tech                   | nology Group Inc   |  |
|--------------------------|--|--|--|
| DOCUMENT NUME            | BER:                                       | <u> </u>   |  |
| The enclosed Articles    | of Amendment and fee are su                | bmitted for filing.  |  |
| Please return all corres | spondence concerning this ma               | tter to the following:   |  |
|                          | Pamela A Molz                              |  |  |
|                          |  | Name of Contact Person   | n  |
|                          | Wolf Branch Technology Gr                  | oup. Inc   |  |
|                          |  | Firm/ Company  | <del></del>  |
|                          | PO Box 9758                                |  |  |
|                          | · · · · · · · · · · · · · · · · · · ·      | Address  |  |
|                          | Coral Springs, FL 33075                    |  |  |
|                          |  | City/ State and Zip Cod  | e  |
| pmolz                    | :54@gmail.com                              |  |  |
|                          | E-mail address: (to be us                  | sed for future annual report                                       | notification)  |
| For further information  | n concerning this matter, pleas            | se call:   |  |
| Pamela                   | A. Molz                                    | at ( <u>954</u>  | ) <u>5 79 - 24/5</u><br>de & Daytime Telephone Number                                  |
| Name o                   | of Contact Person                          | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check fo   | r the following amount made                | payable to the Florida Depa  | artment of State:  |
| S35 Filing Fee           | ☐S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Mai</u>               | ling Address                               | Street   | Address  |

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 of

| WOH Branch  | Techn   | ology E                                     | 1040, Z                | AC.  |
|---|---|---|------------------------|--|
| (Name of Corporat   | $\mathcal{W}QQ$                                     | Tiled with her Florid Cotporation (if known |                        | <del>&gt; K ±3                                  </del> |
| Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:   | da Statutes, this <i>FI</i>                         | orida Profit Corpora                        | non adopts the follo   | which and ment(s) to                                   |
| A. If amending name, enter the new name of the c  | corporation:  |   |                        | 71   |
| name must be distinguishable and contain the wo<br>"Corp.," "Inc.," or Co.," or the designation "Corp<br>word "chartered," "professional association," or the | p," "Inc," or "Co                                   | o". A professional c                        |                        |  |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>   |   |   |                        |  |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE Bo</u>  | <u>OX</u> )   |   |                        |  |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered  |   | s in Florida, enter t                       | he name of the         |  |
| Name of New Registered Agent  |   | <del></del>                                 |                        |  |
| -   | (Florida stree                                      | t address)                                  |                        | <u> </u>   |
| New Registered Office Address:  | (C  | iiy)  | , Florida              | Zip Code)  |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.   | e <mark>gistered Agent:</mark><br>I am familiar wii | h and accept the obli                       | gations of the positic | on.  |
| Sig   | nature of New Reg                                   | gistered Agent, if char                     | nging                  |  |

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 = Treusurer; 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, Treusurer, 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:<br>X Change          | <u>PT</u>    | John Doe       |                        |
|-------------------------------|--------------|----------------|------------------------|
| X Remove                      | <u>V</u>     | Mike Jones     |                        |
| X Add                         | <u>sv</u>    | Sally Smith    |                        |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>    | <u>Addres</u> s        |
| 1) Change                     | РТ           | H Michael Molz | PO Box 9758            |
| Add                           |              |                | Coral Springs FL 33075 |
| X Remove                      |              |                |                        |
| 2) X Change                   | PT           | Pamela A Molz  | PO Box 9758            |
| Add                           |              |                | Coral Springs FL 33705 |
| Remove                        |              |                |                        |
| 3) Change                     |              |                |                        |
| Add                           |              |                |                        |
| Remove                        |              |                |                        |
| 4) Change                     |              |                |                        |
| Add                           |              |                |                        |
| Remove                        |              |                |                        |
| 5/ Change                     |              |                |                        |
| Add                           |              |                |                        |
| Remove                        |              |                |                        |
|                               |              |                |                        |
| 6) Change                     |              | <del>-</del>   |                        |
| Add                           |              |                |                        |
| Remove                        |              |                |                        |

|   | (Be specific)  |
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| If an amendment provides for an exch  | ange, reclassification, or cancellation of issued shares.  |
| provisions for implementing the amer  | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| If an amendment provides for an exch<br>provisions for implementing the amen<br>(if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| provisions for implementing the amer  | ange, reclassification, or cancellation of issued shares, ndment if not contained 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> :  |                           |
| (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 document's effective date on the Department of State's records.                             | 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.   |                           |
| ☐ 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): | ı                         |
| "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  |                           |
| 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)   |                           |
| H Michael Molz   |                           |
| (Typed or printed name of person signing)  |                           |
| President  |                           |
|  |                           |

(Title of person signing)