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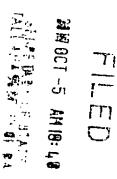
(Requestor's Name)				
(Address)				
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Mamechs

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I ALBRITTON

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: BHM DOCUMENT NUMBER: P1700	Payroll 0007461	Service 62	- -	.C.
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
BHM Par Jolg Nor-	Name of Contact Person Firm/ Company Address City/ State and Zip Cod	rvices In 04 St. c 3230	3	~
For further information concerning this matter, please	e call:			
John Hohman	at (\$50		41	
Name of Contact Person	Area Co	de & Daytime Telephone N	Number	_
Enclosed is a check for the following amount made po	ayable to the Florida Depa	artment of State:		
S35 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)	1144 1181A1C 330	17 E
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building	ARTYLE (C ON OF COURT	0CT -3 P

Tallahassee, FL 32314

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CEIVED

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

\sim \sim \sim	01				
BHM Phyro	11 Serv	lices	nc.		
(Name of Corpo	ration as currently	filed with the Flo	rida Dept. of Stat	<u>e</u>)	
17000076	1662				
(Do	cument Number of	Corporation (if known	own)		
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this I	Floridu Profit Corp	poration adopts the	following amer	ndment(s) 1
A. If amending name, enter the new name of the prefer to the name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation "C	Word "corporation or "Corp." "Inc." or "C	Lo". A profession	"incorporated" of al corporation nan	or the abbrevi	new ation n the
word "chartered," "professional association," or B. Enter new principal office address, if applications		P.A. "			
(Principal office address MUST BE A STREET)		•			
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reginew registered agent and/or the new register. 	stered office addr		er the name of the	21 13 BCT -5 AM 88: 48	
Name of New Registered Agent					
New Revistered Office Address:	(Florida stre	et address)	Florida		
		(City)	,	(Zip Code)	
New Registered Agent's Signature, if changing if thereby accept the appointment as registered agen	Registered Agent: u. I am familiar w	ith and accept the	ohligations of the p	osition.	
.s	Signature of New Re	egistered Agent, if a	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: <u>X</u> Change	<u>PT</u>	John Do	<u>ve</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>SV</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change	****				
Add					
Remove					
3) Change		 -			
Add					-
Remove					
4) Change		_			
Add					
Remove					
51 Change		_			
Add					
6) Change		_		-	
Add					
Remove					

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
			
	<u>_</u>		
			
If an amendment provides for an excl	unga reclassification or s	ingallation of iccurd char	ine.
provisions for implementing the ame	ndment if not contained in	the amendment itself:	(3,
(if not applicable, indicate N/A)			
	<u></u>		
		_	
			·

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: $Q - 2Q - 2017$	
(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 w document's effective date on the Department of State's records.	ill 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):	
"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 9-29-2017	
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)	
John Hohman	···
(Typed or printed name of person signing)	
(EO	
(Title of person signing)	