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R. WHITE AUG 1 3 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: E &	B ASSETS, INC	
DOCUMENT NUMBER: P1700007820	)4	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
CYNTHIA	L. HAMMETT	
	Name of Contact Persor	1
HAMMETT	FINANCIAL, P.A.	
	Firm/ Company	
7280 SW	Highway 200	
	Address	
OCALA, F	L 34476	
	City/ State and Zip Code	•
	^	
	immett@gmail.com ised for future annual report	
Limin address. (to be t	ised for future aunitar report	notification)
For further information concerning this matter, plea	ise call:	
Cynthia L. Hammett	at (352	861-2000
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 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		ment Section
Division of Corporations P.O. Box 6327		n of Corporations
Tallahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

E & B ASSETS, INC

(Name of Corporation as current)	0014
	y filed with the Florida 4 (Final Color) AN 10: 59
P17000078204	SECRETARY OF OTHER
(Document Number o	SECRETARY OF STATE  f Corporation (if known) TALLAHASSEE. FL
arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation.	Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation:	
N/A	The new
ime must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation  Co" A professional corporation name must contain the
Enter new principal office address, if applicable:  Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
If amonding the registered growt and/or a size of the	
If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	<u> </u>
new registered agent and/or the new registered office address:	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	

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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SY Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change		
Add		
Remove		
2) Change	ARCHIBALD, EILEEN L.	12999 SE 122 PL
Add		Ocklawaha, FL 32179
X Remove		
3 ) Change		
Add		
Remove		
4) Change	<del></del>	
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		
ixcinove		

mending or adding additional Artic ach additional sheets, if necessary).	(Be specific)			
A				
				<u>,</u>
	<u>-</u>			_
	_	, <u> </u>		
	<del></del>	-	<del></del>	
				<del>-</del> -
			_	_
		<del></del>		
n amendment provides for an exch	ange, reclassification	. or cancellation	of issued sha	res.
ovisions for implementing the amen	dment if not contain	ed in the amend	ment itself:	
(if not applicable, indicate N/A)				
CANCELLATION OF 50% OF S	HARES ASSIGNED	TO EILEEN A	ARCHIBALD A	AND REMOVAL
FROM VP TITLE.				
	·		<u></u>	-
		<del></del>		
-				
		<del></del>		
			<del></del> -	

The date of each amendment(s) a date this document was signed.	doption:	, if other thar
Effective date if applicable:	January 1, 2018	
	(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were add action was not required.	upted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Signature(By a d	August 1, 2018  lirector, president or other officer – if directors or officers have not been d by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
<i>i</i> /	WILLIAM_BARCHIBALD	
	PRESIDENT	
	(Title of person signing)	

the

the