## P17000098458

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: M.B. HUNT SOFTWARE, INC.					
DOCUMENT NUMBE					
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.			
Please return all corresp	ondence concerning this matt	ter to the following:			
(	GENE ROSS				
_		Name of Contact Persor	1 .		
C	GIBBS LAW OFFICE, PLLC				
_		Firm/ Company			
8	870 DANIELS PKWY SUIT	E 101			
_		Address			
F	FORT MYERS, FLORIDA 33912				
_		City/ State and Zip Code	2		
ADMI	N@GIBBSLAWFL.COM				
		ed for future annual report	notification)		
		·	,		
For further information	concerning this matter, please	e call:			
GENE ROSS		239 at (	415-7495		
Name of	Contact Person		de & Daytime Telephone Number		
Postana the estate	4 6 11		•		
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	□\$43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

to

M.B. HUNT SOFTWARE, INC.

(Name o	f Corporation as curren	tly filed with the Florida	Dept. of State)
P17000098458			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporat	ion adopts the following amendment(s
A. If amending name, enter the new na	me of the corporation:		
M.B. HUNT HOLDINGS, INC.			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address.	if annlicable:	N/A	
(Principal office address MUST BE A S			(22)
		<del></del>	** ** ** ***   ***
C. Enter new mailing address, if appli	cable:	, , , , , , , , , , , , , , , , , , ,	
(Mailing address MAY BE A POST (		N/A	
			· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent an new registered agent and/or the new			e name of the
•	N/A	13.	
Name of New Registered Agent	IVA		
		treet address)	
New Registered Office Address:	N/A ————————————————————————————————————		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Ager	ıt:	
I hereby accept the appointment as regist	ered agent. I am familia	with and accept the oblig	gations of the position.
		Registered Agent, if chan	

## 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 <math>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	<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>	<u>Addres</u> s
1) Change			
Add			
Remove			<del></del>
2) Change			
Add			
Remove			
3)Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
M /
·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A
·

The date of each amendment(s	adoption;	if other than the
date this document was signed.		
Effective date if applicable:	VA.	
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filling requirements, in Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amend e sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following of for each voting group entitled to vote separately on the amendments	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voung group)	
	(witing group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder action a	reholder
The amendment(s) was/were setion was not required.	adopted by the incorporators without shareholder action and shareho	lder
FBBRI	JARY 22, 2018	
Dated	and the same of th	
	25 A 15 TT XI	
Signature	Tak to the	<del></del>
	s director, president or other officer - if directors or officers have no	
	ected, by an incorporator — if in the hands of a receiver, trustee, or off pointed fiduciary by that fiduciary)	ier court
<b>≖</b> p	contest itericiary by that itericiary)	
	MATTHEW B. HUNT	
	(Typed or printed name of person signing)	
	FRESIDENT	
	(Title of major niming)	***************************************