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APR 17 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAXWELL (DOCUMENT NUMBER: P18000014987	Groves Store, Inc.
The enclosed Articles of Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Maxwell Grov	Phen Maxwell Name of Contact Person es Store, Inc. Firm/ Company
200 N. Lotel Avon Park, Fl	Address 33825 City/ State and Zip Code
Maxwell Croves 46 E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter, please	call:
Maria M. Delara Name of Contact Person	at (<u>863</u>) <u>453 - 3938</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\int_{\text{S}}\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

	ore, Inc.			
(Name of Corporation as	currently filed with the Florida Dept. of State)		
P18000014987				
(Document N	lumber of Corporation (if known)			·
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the f	ollowing	amendr	nent(s) to
A. If amending name, enter the new name of the corpora	ation:			
		7	The ne	ew
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered," "professional association," or the abbre	ic," or "Co". A professional corporation name			
B. Enter new principal office address, if applicable:				-
(Principal office address <u>MUST BE A STREET ADDRES:</u>	<u>S</u>)	·		
		:-	ထ	-
C. Enter new mailing address, if applicable:				=
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			<u> </u>	- , ,
			:E	
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		<u> </u>		•
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office				
new registered agent and/or the new registered office	. auditss.			
Name of New Registered Agent				
(F	Florida street address)			
New Registered Office Address:	, Florida			-
	(City)	fZip Co)de)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	ed Agent: familiar with and accept the obligations of the pe	osition.		
Signature	of New Registered 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 <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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add X_ Remove	5	William S. Maxwell	200 N Lotella Ave AvonPark.F1 33825
2) Change Add Remove	5	Maria M. Delara	176 Hwy 630 E. Fromproof, FI 33843
3) Change Add			
Remove 4) Change Add			
Remove			
Add			
6) Change Add Remove		<u> </u>	
Kemove			

• • • • • • • • • • • • • • • • • • • •	icles, enter change(s) l (Be specific)			
				
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	banga raalaccification	<u>, or cancellation of</u>	issued shares,	
f an amendment provides for an exc	nange, recrassification		ent itself:	
provisions for implementing the am	endment if not contain	ed in the amendme	the tracin.	
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	endment if not contain	ed in the amendme	<u> </u>	
provisions for implementing the am	endment if not contain	ed in the amendm	in wacii	
provisions for implementing the am	endment if not contain	ed in the amendm	<u></u>	
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	endment if not contain	ed in the amendm	THE WASTER	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 4-10-18 (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	s, this date 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 ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendmen	
"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 shaction was not required.	nareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated 4-10-18	
Signature William J. Waswell (By a director, president or other officer – if directors or officers have r	Oot huen
selected, by an incorporator – if in the hands of a receiver, trustee, or o	
appointed fiduciary by that fiduciary)	
<i>t</i>	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	