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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HILLENBRAND	DEVELOPMENT INC.	
DOCUMENT NUMB		<u> </u>	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	TORSTEN WIESE		
-		Name of Contact Perso	n
	I.GERMAN AMERICAN B	USINESS CORPORATIO	N
-		Firm/ Company	· · · ·
_	E3031 MCGREGOR BLVD.	, STE. 14	
		Address	
	FORT MYERS/ FLORIDA :	33919	
		City/ State and Zip Cod	e
info@	ibotl.org		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
TORSTEN WIESE		239 at (	344 7536 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Amen Divisi P.O. I	ng Address dinent Section ion of Corporations 30x 6327 aassee, FL 32314	Amend Divisio Clitton 2661 E	Address ment Section in of Corporations Building Necutive Center Circle issee, FL 32301

## 2019 JUL 29 AM 11: 06

## Articles of Amendment to Articles of Incorporation

\\\\\	rrently filed with the Florida Dept. of State)
18000040192	
(Document Num	ber of Corporation (if known)
arsuant to the provisions of section 607,1006, Florida Statutes, s Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporatio	<u>on:</u>
	7he new
me must be distinguishable and contain the word "corpo Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," ord "chartered," "professional association," or the abbrevial	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
Enter new principal office address, if applicable:	13031 MCGREGOR BLVD., STE.14
Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT MYERS, FLORIDA 33919
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13031 MCGREGOR BLVD., STE.14
	FORT MYERS, FLORIDA 33919
If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	address in Florida, enter the name of the
Name of New Registered Agent 1. GERMAN AMER	CICAN BUSINESS CORPORATION
13031 MCGREGOR	BLVD., STE.14
tFlori	ida stroet addressi
New Registered Office Address: FORT MYERS	, Florida 33919
	(Zip Code)

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 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 De	<u>×c</u>					
X Remove	<u>v</u>	Mike Ju	ones .					
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>					
Type of Action (Check One)	Title		Name			<u>Addres</u> s		
1) Change		_	-		 _			
Add						<del></del>		
Remove								
2) Change		_	_		 			
Add								
Remove								
3)Change		_			 _			
Add								
Remove								
4) Change		_			 _	<del></del>		
Add								
Remove								
<del></del>								
5) Change		<del>-</del> .	<del></del>	- <del></del>	 -			
Add								
Remove								
6)Change					 _		· · · · · · · · · · · · · · · · · · ·	
Add		_						
Remove								

	ig or adding addition litional sheets, if nece.	ssary). (Be specifi	ic)			
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fan ameno	dment provides for a	in exchange, reclas	sification or can	cellation of issued	shares	
<u>provisions</u>	for implementing th	<u>ie amendment if no</u>	t contained in th	e amendment itsel	f:	
(if not	applicable, indicate?	V(I)				
-						
			·-	<del> </del>		
		<del></del>				
						<del></del>

The date of each amendment(s) adoption:, if other	r than the
date this document was signed.	
Effective date if applicable:	_
(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 will not be lis document's effective date on the Department of State's records.	ted 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 east 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.	
ЛUNE 13, 2019	
Signature	
(By a director, plesident 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)	
HILLENBRAND, STEPHAN	
(Typed or printed name of person signing)	_
PRESIDENT	_
(Title of person signing)	_