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SECRULARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: WJG PROPERTIE	S, INC.	
DOCUMENT N	P1800062486		
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	Stephen Wade Gaines		
		Name of Contact Person	n
	WJG Properties, Inc.		
	 	Firm/ Company	
	1402 Glengarry Road		
		Address	
	Jacksonville, FL 32207		
		City/ State and Zip Cod	e
•	wade@keyrenterjacksonvile.com		
-		46-64	
	E-man address: (to be us	sed for future annual report	nonneation)
For further infor	mation concerning this matter, pleas	se call:	
Stephen Wade G	aines	at (<u>904</u>	352-6920
N	Name of Contact Person at () Area Code & Daytime Telephone Num		
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fo	ce □\$43.75 Filing Fee & Certificate of Status	S43.75 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	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WJG PROPERTIES, INC.	Na i i	= 1
(Name of C	Corporation as currently filed with the Florida Dept.	of State)
P18000062486	2018 NOV 16	PM 4: 04
	(Document Number of Compression (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	SECRETARY (D6, Florida Statutes, this Florida Profit Corporation and a	pts-the following amendment(s) to
A. If amending name, enter the new name	e of the corporation:	
	n the word "corporation," "company," or "incorport on "Corp," "Inc," or "Co". A professional corporati n," or the abbreviation "P.A."	
B. Enter new principal office address, if a (Principal office address MUST BE A STR.		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/onew registered agent and/on the new recommendation in t	or registered office address in Florida, enter the name egistered office address;	of the
Name of New Registered Agent		
_		
13.	(Florida street address) 01 Riverplace Blvd, Suite 800-23, Jacksonville	32207
New Registered Office Address:	(City)	Florida (Zip Code)
	(Cuy)	(Zip Coae)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	n <mark>ging Registered Agent:</mark> d agent. I am familiar with and accept the obligations o	of the position.
	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	<u>PT</u>	John Doc	
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	P	Stephen Wade Gaines	1402 Glengarry Rd
Add X Remove			Jacksonville, FL 32207
2) Change	P	Benjamin Schwab	i54 Sedona Way
X Add			Palm Beach Gardens 33418
Remove 3) Change	VC	Jonikka Gaines	1402 Glengarry Road
XAdd			Jacksonville, FL 32207
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach (ding or adding additional , udditional sheets, if necessar	v). (Be specific)	e(s) here:		
N/A		y,, (in openion)			
		 			
					
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16				.	
Drovisi	nendment provides for an e ons for implementing the a	mendment if not co	<u>auon, or cancenau</u> ntained in the ame	<u>on of issued share</u> ndment itself:	<u>s.</u>
(if	not applicable, indicate N/A)	The same		
l/A					
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				<u> </u>	<u> </u>
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	11/16/2018	
The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
11/19/ Effective date <u>if applicable</u> :	2018	
Enecuve date <u>il applicable.</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements artment of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the ame icient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and sh	narcholder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareh	older
11/16/2018		
Dated	Steph Wal Hair	
	ector, president or other officer - if directors or officers have n	
	by an incorporator – if in the hands of a receiver, trustee, or of diduction by that fiduction.	ther court
S	ephen Wade Gaines	
_	(Typed or printed name of person signing)	
P	resident	
_	(Title of person signing)	