P180000 76546

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WFOLTV4 Corp
DOCUMENT NUMBER: P 180000 76546
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lewis Barton Name of Contact Person
WFOL TVY Firm/ Company
PO BOX 206 23589 E. Colonial Dr.
Address
Chuistmas Fl. 32709
Clty/ State and Zip Code
Lewis a D-Vet Net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lewis BARTON at 407,568-3400
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

to Articles of Incorporation

of

WFOLTUX CONP	
(Name of Corporation as currently filed with the Florida P 180000 76546	Dept. of State)
(Document Number of Corporation (if known)	2019 NAY 20 P 12: 30
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation	****
its Articles of Incorporation:	THE MILACMED FERRIDA
A. If amending name, enter the new name of the corporation:	ing personal to provide the second state of the second second second second second second second second second
The state of the s	
name must be distinguishable and contain the word "corporation," "company," or "inc "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional conword "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with and accept the obliga	ations of the position.
Signature of New Registered Agent, if chang	ing

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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officheld. 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 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		
X Remove			
<u>A</u> Kemove		<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name .	<u>Addres</u> s
1) V Change	<u> </u>	Athena BAKTON	598 Futch Way
Add			Sebas Tian # 32958
Remove			
2) Change	<u> </u>	Many BARTIN	po Box 7080
Add			Vero Beach Fl. 32961
Remove 3) Change	VP	Ashley Gordon	23589 Fast
Add			Colonial Prove
Remove			Chnistmas, Fl. 32709
4) Change	VP_	Lenis BARTON	po βοχ 500
Add			Christmas Fl. 32709
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or ad Attach additional s	ding additional Artic heets, if necessary).	cles, enter change (Be specific)	<u>(s) here</u> :			
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provisions for im	provides for an exchi plementing the amer able, indicate N/A)	ange, reclassificat	tion, or cancells tained in the an	ation of issued s nendment itself:	hares,	
(у пол аррисс						
				 		
						
	· 			_		

	May 14,2019
late this document was signed.	
Effective date <u>if applicable</u> :	May 14, 2019
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo locument's effective date on the Department	ock does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
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 cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or 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 shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	ay 14,2019
Signature	ans Bodas
(By a directed,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	AThena BARTON
_	(Typed or printed name of person signing)
_	
	(Title of person signing)