P1800079199

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C. GOLDEN
DEC 1 8 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: S&B PEN CORP DOCUMENT NUMBER: P18000079199 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Brett Tyler Smith** Name of Contact Person The Smith Law Firm Firm/ Company 509 Whitehead Street Address Key West, Florida 33040 City/ State and Zip Code Bsmith@thesmithlawtirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 296-0029

Area Code & Daytime Telephone Number Brett Tyler Smith Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filling Fee \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 DEC | | AM | |: 31

S&B PEN CORP (Name of Corporation as currently filed with the Florida Dept. of Stafe) AR ! OF STATE P18000079199 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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	PT	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>	Address
1) Change	VP	Robin E. Kammerer	2140 Country Club Parkway
X Add			Milliken, Colorado 80543
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change (Be specific)			
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an amendment provides for an excl	hange, reclassifica	tion, or cancellat	ion of issued share	<u>.s.</u>
	ndment if not con	tained in the ame	endment itself:	
provisions for implementing the ame				
orovisions for implementing the ame (if not applicable, indicate N/A)				
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orovisions for implementing the ame (if not applicable, indicate N/A)				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing requiredocument's effective date on the Department of State's records.	rements, 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 east for the by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fo must be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
 The amendment(s) was/were adopted by the board of directors without shareholder action action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required. 	
12/05/2018 Dated	
Dated	
Signature	
(By a director, president or other officer – if directors or officers	have not been
selected, by an incorporator – if in the hands of a receiver, truste	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u>~</u>
(Typed or printed name of person signing)	
officer	
(Title of person signing)	