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2018 DEC 11 AM II: 09

C. GOLDEN
DEC 1 8 2018

COVER LETTER

NAME OF CORPORATION DOCUMENT NUMBER:	P180000	dyBioward =	Inc.
The enclosed Articles of Amen	idment and tee are sub	omitted for filing.	
Please return all correspondence	e concerning this mate	ter to the following:	
S III Pla Flo	1	Name of Contact Person Stein Consi Firm/ Company Address FL 333 City/ State and Zip Code and Company City State and Zip Code	Hing LLC Suite 207 24
For further information concern	ning this matter, please	e call:	
Ken Soul-	er CPA	ai(_954	370–141 <u>2</u> de & Daytime Telephone Number
Enclosed is a check for the foll			·
	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)
Mailian Ad	4	S4	4 didmone

Mailing Address

TO: Amendment Section

Division of Corporations

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

FILED

HANDYANDYBROWARD INC

2018 DEC 11 AM 11: 09

Name of Comments and Class to the English	L. Dana afferson
(Name of Corporation as currently filed with the Floric	ga Dept. of State)
<u> 18000095717</u>	IN LAHASSEE ET
(Document Number of Corporation (if known	n)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpore</i> s Articles of Incorporation:	ation adopts the following amendment(s)
If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or " Corp." "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional of contraction "P.A."	
. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
. If amending the registered agent and/or registered office address in Florida, enter t	the name of the
new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agents	
hereby accept the appointment as registered agent. I am familiar with and accept the obl	ligations of the position.
Signature of New Registered Agent if cha	ongina

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.

	se, and Sa	illy Smith, SV as an Add.	
Evample: 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>	Sally Smith to Name Correct Names	Address
1) Change	P	Mark Leroy Anderson	808 E Plantation Circle
Add Remove		·	Mantation, FL 33324
2) Change	VΡ	Wina Anderson	808 E Plantation Circle
Add Remove			Hontation FL 22324
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
5)Change			
Add			
6) Change			
Add			
Remove			

(A tach additional sheets, if necessary). (Be specific) If an amendment provides for an exchange, reclassification, ar cancellation of issued shares, provisions for implementing the amendment if not contained to the amendment itself: (If not applicable, indicate N/4)	E. Mamending or a	dding additional A	rticles, enter chang	ge(s) here:		
If an amendment provides for an exchange, reclassification, ar cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	(A) tach additional	sheets, if necessary). (Be specific)			
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The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date <u>if applicable</u> : (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 locument's effective date on the Department of State's records.	e 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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ 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.	
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, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	