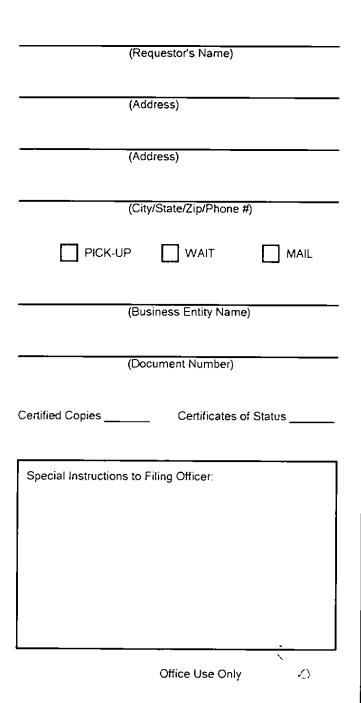
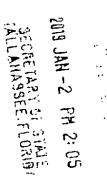
## P18000100622





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JAN 1 1 2013 C. 136 000

## **COVER LETTER**

| COVER LETTER  | 2019 14   |
|---|---|
| TO: Amendment Section Division of Corporations  |   |
| NAME OF CORPORATION: RICHARD M. WOOD, INC.  | 15 TO |
| NAME OF CORPORATION: MICHARD M. WOOD, INC.  DOCUMENT NUMBER: P18000100622   |   |
| The enclosed Articles of Amendment and fee are submitted for filing.  |   |
| Please return all correspondence concerning this matter to the following:   |   |
| RICHARD M. WOOD   |   |
| Name of Contact Person  |   |
| RICHARD M. WOOD, INC.   |   |
| Firm/Company 15705 CORRALERO CT  Address  JACKSONVILLE, FL 37218  City/ State and Zip Code  |   |
| Address   |   |
| JACKSONVILLE, FL 36818  |   |
| _   |   |
| JAMESWARD @ JAMESWARD CPA. COM  |   |
| E-mail address: (to be used for future annual report notification)  |   |
| For further information concerning this matter, please call:  |   |
| RICHARD M. WOOD at 904 238-7093   | _   |
| 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 Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)      |   |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |   |

Tallahassee, FL 32301

Tallahassee, FL 32314

| Articles of A  | Amendment                                    |                    |
|--|--|--------------------|
| to   | •  | <i>7</i>           |
| Articles of In   | -  |                    |
| /  |  | F3. 32             |
| PICHARD M. 4/00  | D. INC                                       |                    |
| (Name of Corporation as curren   | tly filed with the Florida Dept. of State)   | 20,75              |
| P18000100622   |  |                    |
|  | of Corporation (if known)                    |                    |
| (Document Number   | of Corporation (if known)                    | 00.7               |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  | s Florida Profit Corporation adopts the fo   | ollowing amendment |
| A. If amending name, enter the new name of the corporation:  |  |                    |
| NIA  |  | The new            |
| name must be distinguishable and contain the word "corporate   | ion " "company " or "incorporated" or        | <del></del>        |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation   | "Co". A professional corporation name        | must contain the   |
| D. Enter new principal office address, if applicable:  | JACKSONVILLE, FO                             | \                  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |  | 20010              |
| ,  | SACKSONVILLE, FO                             | 20018              |
|  | •  |                    |
|  |  |                    |
| C. Enter new mailing address, if applicable:   | 16 1 00. 0                                   | ٨                  |
| (Mailing address MAY BE A POST OFFICE BOX)   | 15705 CORRALERO                              | CT                 |
|  | JACKSONVILLE F                               | -1 27710           |
|  | STICK SOLVE TELE T                           | <u> </u>           |
|  |  |                    |
|  |  |                    |
| D. If amending the registered agent and/or registered office ad  |  |                    |
| new registered agent and/or the new registered office addre  | <u>288:</u>                                  |                    |
| Name of New Registered Agent N/A   |  |                    |
| Name of New Nextster ett Agert   |  | <del></del>        |
|  |  |                    |
| (Florida   | street address)                              |                    |
| New Registered Office Address:   | . Florida                                    |                    |
| New Registerea Office Address.   | (City), Florida_                             | (Zip Code)         |
|  |  |                    |
|  |  |                    |
| The state of the s |  |                    |
| New Registered Agent's Signature, if changing Registered Age<br>I hereby accept the appointment as registered agent. I am familia  | ar with and accept the obligations of the pe | osition.           |
| 1 nereby accept the appointment as registered agent. I am Jamine   | , , ,  |                    |
|  |  |                    |
| A. 1A  |  |                    |
| Sidney and Via   | w Registered Agent, if changing              |                    |
| Signature of Nev   | w negatered 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 Doe     | . 4 |               |      |
| X Remove                   | <u>v</u>     | Mike Jones   | NA  |               |      |
| _X Add                     | <u>sv</u>    | Sally Smith  |     |               |      |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>  |     | <u>Add</u>    | ress |
| 1) Change                  | <del></del>  | <del>_</del> |     |               |      |
| Add                        |              |              |     |               |      |
| Remove                     |              |              |     |               |      |
| 2) Change                  |              |              |     |               |      |
| Add                        |              |              |     | <u></u>       |      |
| Remove                     |              |              |     | <del></del>   |      |
| 3) Change                  |              |              |     |               |      |
| Add                        |              |              |     | J             |      |
| Remove                     |              |              |     |               |      |
| 4) Change                  |              |              |     |               |      |
| Add                        |              |              |     |               |      |
| Remove                     |              |              |     |               |      |
|                            |              |              |     |               |      |
| 5) Change                  |              |              |     | _ <del></del> |      |
| Add                        |              |              |     |               |      |
| Remove                     |              |              |     | <del></del>   |      |
| 6) Change                  |              |              |     |               |      |
| Add                        |              |              |     |               |      |
| Remove                     |              |              |     |               |      |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| ARTICLEIT   |
|   |
| PLEASE REMOVE THE WORDS:  |
| PLEASE REMOVE THE WORDS: "ANY AND ALL LAWFUL BUSINESS"  |
|   |
| ARTICLE I SHALL READ DNLY AS FOLLOWS:   |
|   |
| "LIMITED TO SELLING INSURANCE DALY AND  |
| "LIMITED TO SELLING INSURANCE DALY AND WITH RICHARD M. WOOD AS THE SOLE SHAREHOLDER"  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                            |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)      |
| (y not appricable, indicate NA)   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

| The date of each amendment(s) adoption: SANUARY 1, 2019  | , if other than the    |
|--|------------------------|
| late this document was signed.   |                        |
| Effective dute if applicable: JANUARY 1, 2019  |                        |
| (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 wildocument's effective date on the Department of State's records.                          | l not be listed as the |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )  |                        |
| 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 cast 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.   |                        |
| Dated 17. 21/2018  Signature Land M Way  |                        |
| (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)   |                        |
|  |                        |
| HICHARD M. WOOD  |                        |
| (Typed or printed name of person signing)  |                        |
| TRESIDENT  |                        |
| (Title of person signing)  |                        |