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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: FOWLER SOUT	TH, INC.		
DOCUMENT NU	MBER: P20000023724			
The enclosed Artic	les of Amendment and fee are	submitted for	filing.	
	rrespondence concerning this n		_	
	BRIAN JAMES WIGGINS		_	
		Name of	Contact Person	on
	MIXON AND WIGGINS, I	LLC		
	PO BOX 20251	Firm	/ Company	
	BRADENTON, FL 34204	A	ddress	
		City/ State	e and Zip Coo	de
	BRIAN@BRIANWIGGINS	COM		
	E-mail address: (to be u		annual repor	t notification)
For further informati	ion concerning this matter, plea		<sub>(</sub> 800	<b>.</b> 288-0854
Name	of Contact Person	а	<u> </u>	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the		•
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 F Certified (Additions enclosed)	Copy Il copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	illing Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314		Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee i. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FOWLER SOUTH, INC			
(Name of Corporati	on as currently filed w	ith the Florida Dept. of State	)
1 200000123724			
(Docum	nent Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607.1006, Floridats Articles of Incorporation:	Statutes, this <i>Florida P</i>	rofit Corporation adopts the fo	ollowing amendment(s)
. If amending name, enter the new name of the co	proration:		
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp." "Inc.," chartered," "professional association," or the abbrev		or "incorporated" or the abbi onal corporation name must	The new reviation "Corp" contain the world
Enter new principal office address, if applicable	•		
Principal office address <u>MUST BE A STREET ADD</u>	RESS)		
	<del></del>		
Enter new mailing add at the state of	<del></del>	<del></del>	بن
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	V)		
S S S S S S S S S S S S S S S S S S S	·		
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			<del></del>
••			
If amending the registered agent and/or registered new registered agent and/or the new registered o	d office address in Flo	rida, enter the name of the	
new registered of the new registered of	Hice address:		
Name of New Registered Agent			
			<del></del>
	(Florida street address)		<del></del>
New Registered Office Address:	,		
The state of the Address.	(City)	, Florida	
	10.147		(Lip (lode)
	(City)	, FIOROS	(Zip Code)
W Registered Agentle Cianter 18	_		
<u>Registered Agent's Signature, if changing Registered</u> grehy accept the appointment as registered agent. I demanded	tered Agent:		
The state of the s	am jaminar with and act	cept the obligations of the posit	tion.
Signatri	re of New Registered Ag	name if it	<del></del> _
ook if and the	e c of here negistered Ag	geru, ij enanging	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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.

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.

X Change	PL	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	CURTIS FOWLER	4219 126TH W
Add			CORTEZ, FL 34215
Remove			
2) Change	<del></del>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	enter (Hungels)). (Be specific)			
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a amendment provides for an				
n amendment provides for an exc pyisions for implementing the ame (if not applicable, indicate NAS)	nange, reclassification,	or cancellation of is	sued shares.	
	noment is not containe	zo in the amendmen	itself;	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)			<u></u>	<del></del>
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<b>.</b>	JUNE 12, 2020		
The date of each amendment(s) adoption	n:	<del></del>	_, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable ent of State's records.	statutory filing requirements, this date will n	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted b action was not required.	y the incorporators, or board	of directors without shareholder action and sl	hareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The num t for approval.	ber of votes cast for the amendment(s)	
The amendment(s) was/were approved must be separately provided for each v "The number of votes cast for the	oting group entitled to vote s	reparately on the amendment(s):	
by		note in to approva.	
· · · · · · · · · · · · · · · · · · ·	(voting group)	······································	
selected, by an appointed fidu	incorporator — if in the hand ciary by that fiduciary)	f directors or officers have not been is of a receiver, trustee, or other court of person signing)	
<u> </u>	5		
	(Title of person signing)		<del></del>