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COVER LETTER

TO: Amendment Sec Division of Cor		, <sup>7</sup> .	,
NAME OF CORPO	ORATION: Washco Services, I	nc.	
	IBER: P93000059336		
The enclosed Article	s of Amendment and fee are sub	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	Kathleen Holbrook Cold, Esq	nuire	
		Name of Contact Person	1
	Lippes Mathias Wexler Fried	man LLP	
		Firm/ Company	
	10151 Deerwood Park Blvd.,	Bldg. 300, Suite 300	
		Address	
	Jacksonville, Florida 32256		
		City/ State and Zip Code	e
	kcold@lippes.com		
		sed for future annual report	notification)
			•
For further informat	ion concerning this matter, pleas	se call:	
Kathleen Holbrook	Cold, Esquire	at (	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 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)
Ai Di P.	ailing Address mendment Section (vision of Corporations O. Box 6327 tllahassee, FL 32314	Amend Division The C 2415 t	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

Washco Services, Inc.

of

(Document Num	aber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes es Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation	on:
WSI Investments, Inc.	The new
ame must be distinguishable and contain the word "corporatio" Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
3. Enter new principal office address, if applicable:	3871 River Point Drive
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Ft. Myers, Florida 33905
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 new registered agent and/or the new registered office ad  Name of New Registered Agent	
new registered agent and/or the new registered office ad	<u>ldress:</u>
new registered agent and/or the new registered office ad  Name of New Registered Agent	<u>ldress:</u>
Name of New Registered Agent  Name of New Registered Agent	rida street address) Florida
Name of New Registered Agent  (Flor	rida street address)
Name of New Registered Agent  (Flor	rida street address) Florida(City) (Zip Code)  Agent:

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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. 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 Doc	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add	<del>-</del>	_		
Remove				
5) Change				
Add		<del></del>		
Remove				
6) Change				
Add		<del></del>	-:	
Remove				
remove				

Attach additional s	ding additional Art sheets, if necessary).	icles, enter chai (Be specific)	ige(s) here:			
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f an amendment provisions for in	provides for an exc plementing the am	<u>hange, reclassif</u> endment if not c	ication, or cance contained in the	<u>llation of issued s</u> amendment itself	i <u>hares,</u> I:	
(if not applied	able, indicate N/A)				-	
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December 30, 2020
The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
Signature John 5 mtchill
(By 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)
John S. Mitchell
(Typed or printed name of person signing)
President
(Title of person signing)