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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: Fern	& Fern Corp.		
DOCUMENT NUMBER: P9400002	27022		
The enclosed Articles of Amendment and	d fee are submitted for filing.		
Please return all correspondence concerni	ing this matter to the following:		
Lon Worth Cr	row IV, Esq.		
	Name of Contact Pers	on	
Lon Worth Cro	ow IV PA		
<u></u>	Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
211 N. Commo	erce Avenue		
27714. 00/////	Address		
Sabrina El 3	2070		
Sebring, FL 3	City/ State and Zip Co	nde	
	City/ State and Eip Ci		
lonworthcrow@gn	nail.com		
E-mail addres	ss: (to be used for future annual repo	rt notification)	
For further information concerning this m	natter, please call:		
Lon Worth Crow IV	at (<u>863</u>)382-2374	
Name of Contact Person		Code & Daytime Telephone Number	
Enclosed is a check for the following amount	ount made payable to the Florida De	partment of State:	
S35 Filing Fee S43.75 Filing Certificate	_	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Stre	et Address	
Amendment Section		Amendment Section	
Division of Corporatio		Division of Corporations Clifton Building	
1101111111111111		661 Executive Center Circle	
Tallahassee, FL 32314 Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

Fern & Fern Corp.	
(Name of Corporation :	as currently filed with the Florida Dept, of State)
P94000027022	
	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp.	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>
	至第 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the ice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Auditess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position.
Signatu	ire 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 De	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ne <u>s</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>SD</u>		Yudith Fernandez	5 West Main Street 104
X Add				Avon Park, Florida 33825
Remove				****
2) Change	 	-	*	
Add				
Remove				
3) Change	-			
Add				***************************************
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add	-	_		
Remove				
0 0				
6) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				

tach additional sheets, if necessary).	(Be specific)
·	
·	
t	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(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:	
(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 vidocument's effective date on the Department of State's records.	vill 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east 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 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 1/3/19	
Signature	
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)	
Eernando Fernandez Sr	
(Typed or printed name of person signing) President	
(Title of person signing)	