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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: WOOLEY BROT	HERS. INC	
DOCUMENT NUMBI	D04000049279		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
G	REGORY WOOLEY		
		Name of Contact Person	1
٧	VOOLEY BROTHERS, IN	C	
_		Firm/ Company	
5	411 AVESBURY LN		
_		Address	
S	T CLOUD, FL 34771		
_		City/ State and Zip Code	2
NOMO	RELEAKS@YAHOO.CO	М	
	- - -	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ARRON RUCKER		321 at (239-5254
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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)
Amen Divisi P.O. L	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WOOLEY BROTHERS INC

(Name of Corporation as cur	rently filed with the Florida l	Dept. of State)
P94000048378		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
N/A		The new
name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviate	or "Co". A professional cor	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
Trincipal typice address <u>prost into 71 or real 717 p. R. 200</u>)		
		FE T
C. Enter new mailing address, if applicable:		是 5 二
(Mailing address MAY BE A POST OFFICE BOX)	N/A 	55 D
		i or e
		CHI CO
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		name of the
N/A Name of New Registered Agent		
Name of New Registered Agent		
(Florie	da street address)	
No. Buristan A (William Addition		. Florida
New Registered Office Address:	(City)	, Fiorida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami		tions of the position.
		•
Signature of M		<u> </u>

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	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VST	ARRON RUCKER	4208 PRAIRIE IRIS CT
X Add			ST CLOUD, FL 34772
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>II ame</u> (Attach	additional sheets, if necessary). (Be specific)
N/A	
-	
•	
F. <u>If an a</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provi</u>	sions for implementing the amendment if not contained in the amendment itself: If not applicable, indicate N/A)
N/A	
	

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	ate will 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 by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	sent
"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 sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature (By a director, president or other officer – indirectors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	l eri
GREGORY WOOLEY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	