

| (R                      | equestor's Name)        |
|-------------------------|-------------------------|
| (A                      | ddress)                 |
| (A                      | ddress)                 |
| (C                      | City/State/Zip/Phone #) |
| PICK-UP                 | ☐ WAIT ☐ MAIL           |
| (E                      | Business Entity Name)   |
| (C                      | Occument Number)        |
| Certified Copies        | Certificates of Status  |
| Special Instructions to | o Filing Officer:       |
|                         |                         |
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Office Use Only



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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR            | ATION: WITH TR                | CUBO (CRP.                     | DRA ECCUMIT                                 |
|---------------------------|-------------------------------|--------------------------------|---|
| DOCUMENT NUMB             | ER: <u>P940000</u>            | 78936                          | EN 5/13                                     |
| The enclosed Articles of  | of Amendment and fee are su   | bmitted for filing.            |   |
| Please return all corresp | pondence concerning this ma   | tter to the following:         |   |
| _                         | GARYLAM                       | PMER                           |   |
|                           |                               | Name of Contact Person         |   |
|                           | MIA                           |                                |   |
| <del>-</del>              |                               | Firm/ Company                  |   |
|                           | MIGNE 13                      | 29757                          |   |
| ·                         |                               | Address                        |   |
|                           | i. M. Mi                      | F1 32161                       |   |
| -                         | 14. 10(11/401)                | City/ State and Zip Code       |   |
|                           |                               |                                |   |
| <u>(</u>                  | DUCECOU                       | -111E JC171E                   | RNC COMV                                    |
|                           | E-mail address: (to be us     | sed for future annual report r | totilication)                               |
| For further information   | concerning this matter, pleas | se call;                       |   |
| GAZY LA                   | MP NER                        | ar (305                        | 892 - 2066<br>le & Daytime Telephone Number |
| Name o                    | t Contact Person              | Area Cod                       | le & Daytime Telephone Number               |
| Enclosed is a check for   | the following amount made     | payable to the Florida Depar   | rtment of State:                            |
|                           | •                             |                                | . /   |
| ☐ \$35 Filing Fee         | □\$43.75 Filling Fee &        | □\$43.75 Filing Fee &          | \$52.50 Filing Fee                          |
|                           | Certificate of Status         | Certified Copy                 | Certificate of Status                       |
|                           |                               | (Additional copy is enclosed)  | Certified Copy<br>(Additional Copy          |
|                           |                               | chelosedy                      | is enclosed)                                |
| Mai                       | ling Address                  | Street .                       | <u>Address</u>                              |
|                           | endment Section               |                                | ment Section                                |
|                           | sion of Corporations          | Division                       | n of Corporations                           |
|                           | Box 6327                      |                                | Building                                    |
| Talla                     | ahassee, FL 32314             | 2661 E:                        | xecutive Center Circle                      |

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

| WHITE COBO CORY.  |                  |          |
|---|------------------|----------|
| (Name of Corporation as currently filed with the Florida Dept. of State)  |                  |          |
| P9400078936   |                  |          |
| (Document Number of Corporation (if known)  |                  |          |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followin its Articles of Incorporation:   | g amendment(     | ls) to   |
| A. If amending name, enter the new name of the corporation:   |                  |          |
|   | _The new         |          |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A." | _<br>bbreviation |          |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |                  |          |
|   | هد.<br>نکون "    |          |
|   |                  | <u>.</u> |
| C. Enter new mailing address, if applicable:  |                  | <u>_</u> |
| (Mailing address MAY BE A POST OFFICE BOX)  |                  | II PR    |
|   |                  | ì        |
|   |                  | دي<br>ان |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:   | י                |          |
| Name of New Registered Agent  | _                |          |
|   |                  |          |
| (Florida street address)  | _                |          |
| New Registered Office Address:  |                  |          |
|   | Code)            |          |
|   |                  |          |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  |                  |          |
|   |                  |          |
| Signature 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          | <u>PT</u>        | John Doe    |                   |
|----------------------------|------------------|-------------|-------------------|
|                            |                  |             |                   |
| X Remove                   | <u>V</u>         | Mike Jones  |                   |
| X Add                      | $\underline{SV}$ | Sally Smith |                   |
| Type of Action (Check One) | Title            | Name        | Address (HUWE)    |
| 1) Change                  | <b>√</b>         | ANN CAMPNER | 9281 ENRISCH AVR  |
| Add                        |                  |             | SURFSIDE FL 33154 |
| X Remove                   |                  |             |                   |
| 2) Change                  |                  |             |                   |
| Add                        |                  |             |                   |
| Remove                     |                  |             |                   |
| 3 ) Change                 |                  |             |                   |
| Add                        |                  |             |                   |
| Remove                     |                  |             |                   |
| 4) Change                  |                  |             |                   |
| Add                        |                  |             |                   |
| Remove                     |                  |             |                   |
| 5) Change                  |                  |             |                   |
| Add                        |                  |             |                   |
| Remove                     |                  |             |                   |
| 6) Change                  |                  |             | <u></u>           |
| Add                        |                  |             |                   |
| Remove                     |                  |             |                   |

| Attach additional sheets, if necessary).                                 | (Be specific)            |                        |             |             |
|--|--------------------------|------------------------|-------------|-------------|
|  | <del></del>              |                        |             |             |
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|  |                          |                        |             |             |
| f an amendment provides for an exc                                       | sanae reclassification o | r cancellation of issu | ed shares.  |             |
|  | ndment if not contained  | in the amendment it    | self:       |             |
| provisions for implementing the amo                                      | nument ii not contained  |                        |             |             |
| provisions for implementing the amo<br>(if not applicable, indicate N/A) | nument if not contained  |                        |             |             |
| provisions for implementing the amo                                      | nument if not comaine    |                        |             |             |
| provisions for implementing the amo                                      | noment ii not comanica   |                        | <del></del> |             |
| provisions for implementing the amo                                      | noment ii not comanica   |                        |             | ·           |
| provisions for implementing the amo                                      |                          |                        |             |             |
| provisions for implementing the amo                                      | TOMENT II JOY COMAIN.    |                        |             |             |
| provisions for implementing the amo                                      | - Tollier Hijor Comanic  |                        |             |             |
| provisions for implementing the ame                                      | TOMENT II JOY COMAIN.    |                        |             |             |
| provisions for implementing the ame                                      |                          |                        |             |             |
| provisions for implementing the ame                                      | TOMENT II JOY COMAIN.    |                        |             |             |

| The date of each amendment(s) ado  | ntion: 11/9/2018   | , if other than the                                      |
|--|--|--|
| date this document was signed.   | ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | , if other than the                                      |
| Effective date if applicable:  | 11/9/2018  |  |
|  | (no more than 90 days after an   | nendment file date)                                      |
| Note: If the date inserted in this blo<br>document's effective date on the Dep |  | filing requirements, this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |  |
| The amendment(s) was/were adop by the shareholders was/were suff               | ted by the shareholders. The number of voicient for approval.  | otes east for the amendment(s)                           |
|  | oved by the shareholders through voting grouch voting group entitled to vote separately  |  |
|  | r the amendment(s) was/were sufficient for   | r approval   |
| by   | (voting group)   | "  |
|  | (voting group)   |  |
| ☐ The amendment(s) was/were adoptaction was not required.                      | ted by the board of directors without sharel   | holder action and shareholder                            |
| ☐ The amendment(s) was/were adoptaction was not required.                      | ted by the incorporators without sharehold   | er action and shareholder                                |
| Sienature  | 9/2018   |  |
| selected   | ector, president or other officer – if director<br>by an incorporator – if in the hands of a red<br>d fiduciary by that fiduciary) |  |
| _  | GARY D. CAM  |  |
|  | (Typed or printed name of perso  | on signing)  |
|  | PRESIDENT (Title of person sign  | <del>-</del>   |
| _  | (Title of person sign  | ning)  |