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SECRETARY OF STATISHES OF VISION OF CORPORATIONS

JUN 06 2017

C McNAIR

COVER LETTER

USA LAWYER Inc.

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACCESS

P.O. Box 6327

Tallahassee, FL 32314

| DOCUMENT NUMBER: | P95000 | 001165 | 0 | The three days are |
|---------------------------------|--|---|------------|---|
| The enclosed Articles of Amer | ndment and fee are su | ibmitted for filing. | | |
| Please return all corresponden | ce concerning this ma | tter to the following | ıg: | |
| | SHARO | N BR | പ്രപ | |
| | | Name of Conta | act Person | |
| | ACCESS | USA | LAL | ISER |
| | | Firm/ Con | pany | |
| | 6491 | SUNSET | | RIP # 3 |
| | | Addres | • | |
| • | SUNR | ISE FL | - 3 | 3313 |
| | | City/ State and | Zip Code | |
| | Sabro | 20103 G | aol. | Com |
| | E-mail address: (| to be used for futu | ire annual | report notification) |
| For further information concer | ning this matter, pleas | se call: | | |
| SHARO | N BROWN | at (| 754 | 748-2468 de & Daytime Telephone Number |
| Name of Conta | ct Person | | Area Coo | de & Daytime Telephone Number |
| Enclosed is a check for the fol | lowing amount made | payable to the Flor | rida Depa | rtment of State: |
| | 43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Certified Cop (Additional co enclosed) | у | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Mailing Ad</u> Amendment | | | | Address ment Section |
| | Section Corporations | | | n of Corporations |

Articles of Amendment to Articles of Incorporation of

| | WYER, INC. | |
|--|--|--------------------------------|
| (Name of Corporation as currently filed | with the Florida Dept. of Stat | <u>(e)</u> |
| P 950000116 | 50 rporation (if known) | |
| (Document Number of Co | rporation (if known) | |
| tursuant to the provisions of section 607.1006, Florida S neorporation: | atutes, this corporation adopts | the following amendment(s) to |
| a. If amending name, enter the new name of the corp | ration: | |
| N/A | | The |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab | 'Inc," or "Co". A professione previation "P.A." | ul corporation name must conto |
| 3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRI</u> | $\frac{\mathcal{N}/A}{\sqrt{A}}$ | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | ~/ | A |
| | office address in Florida, ente | r the name of the |
| If amending the registered agent and/or registered new registered agent and/or the new registered off Name of New Registered Agent | ce address: | |
| | ce address: | |
| new registered agent and/or the new registered off | ce address: | |
| new registered agent and/or the new registered off | CE address: NA (Florida street address) | |

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> <u>John</u> | Doe | |
|----------------------------|------------------------|---------------------|---------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| _X Add | <u>SV</u> <u>Sally</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | _5_ | FRANCIS, KArol | 6491 Sunset strip |
| Add | | | 4 3 |
| Remove | | | Sunrise FL 33313 |
| 2) Change | _S_ | ANGOL HYACINTH, CEL | IA 6491 Sunset Stry |
| X Add | | | # 3 |
| Remove | | | SUNTISC FL 33313 |
| 3) Change | | - | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | <u> </u> |
| Remove | | | |

| H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A | G. | If amending or adding additional Articl | les, enter change(s) here: |
|--|----|---|--|
| H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | (Attach additional sheets, if necessary). | |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | N/A |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | |
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| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | |
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| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | Н. | If an amendment provides for an exchan | ge, reclassification, or cancellation of issued shares, |
| · · · · · · · · · · · · · · · · · · · | | provisions for implementing the amenda | nent if not contained in the amendment itself: |
| N/A | | (if not applicable, indicate N/A) | \mathcal{J} . |
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| The date of each amendment(s) adoption date this document was signed. | : | , if other than the |
|--|--|---------------------|
| Effective date if applicable: | 5 2 2017 | |
| mappicuste. | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient | the shareholders. The number of votes cast for the amendment(s) for approval. | |
| | by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s): | |
| | amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were adopted by action was not required. | the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were adopted by action was not required. | the incorporators without shareholder action and shareholder | |
| Dated5 25 | 12017 | |
| Signature | how Bom . | |
| selected, by an | president or other officer – if directors or officers have not been a incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary) | |
| | SHARON BROWN (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |



May 25, 2017

Florida Department of State

Division of Corporations

Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Dear Sir/Madam,

Currently Karol Francis is listed as Secretary. There is a change. Karol Francis leaves the corporation and CELIA ANGOL HYACINTH is named the Secretary.

Thank you.

Sharon Brown

President