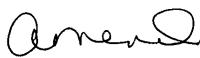
## P9500011465

| (Re                     | equestor's Name)   |              |  |  |
|-------------------------|--------------------|--------------|--|--|
| (Address)               |                    |              |  |  |
| (Address)               |                    |              |  |  |
| (Cit                    | ty/State/Zip/Phone | e #)         |  |  |
| <u></u>                 | WAIT               | MAIL         |  |  |
| (Bu                     | isiness Entity Nar | ne)          |  |  |
| (Do                     | cument Number)     | · <u>-</u> . |  |  |
| Certified Copies        | _ Certificates     | s of Status  |  |  |
| Special Instructions to | Filing Officer:    |              |  |  |
|                         |                    |              |  |  |
|                         |                    | -            |  |  |
|                         |                    |              |  |  |
|                         |                    |              |  |  |

Office Use Only



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11/29/10--01061--019 \*\*35.00



12/2/10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| <i>℃</i> ~~  | i og   | •  |       |  |
|--|--|--|-------|--|
| NAME OF CORI   | PORATION:  | WILDWOODS, INC.  |       |  |
| OCUMENT NUMBER: P95000071465   |  |  |       |  |
| The enclosed Artic   | cles of Amendment and fee a  | re submitted for filing.   |       |  |
| Please return all co   | orrespondence concerning th  | is matter to the following:  |       |  |
|  |  | OHN B GORDON   |       |  |
|  | N  | Jame of Contact Person   |       |  |
|  | W  | VILDWOODS, INC.  |       |  |
|  |  | Firm/ Company  |       |  |
|  | 820  | O N. MAIN STREET   |       |  |
| e de trada de la companya de la comp<br>A companya de la comp   | ing the second of the second o | Address STON FLORIDA 32696   |       |  |
| en a de la composition della c | 4  | STON, FLORIDA.32696<br>City/ State and Zip Code  |       |  |
| 3 1  | ADMIN@W  | والمراب والمناف والمعاصف فيالمجا فيعاضها المرابي   | •     |  |
| For further inform   | ation concerning this matter,  | please call:   |       |  |
| JC   | OHN B GORDON   | at ( 352 ) 529-1020  |       |  |
| Name   | e of Contact Person  | Area Code & Daytime Telephone Number   |       |  |
| Enclosed is a chec   | k for the following amount n   | nade payable to the Florida Department of State:   |       |  |
| <b>☑</b> \$35 Filing Fee   | ☐ \$43.75 Filing Fee & Certificate of Status   | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | osed) |  |
| Mailing A Amendmen   |  | Street Address Amendment Section Division of Corporations  |       |  |
| P.O. Box 6   |  | Clifton Building   |       |  |
| Tallahasse   | e, FL 32314  | 2661 Executive Center Circle Tallahassee, FL 32301   |       |  |

## Articles of Amendment to Articles of Incorporation of

FILED

|                  |           | i de               |                                  | WILDV           | VOODS, INC            | <b>)</b> .   | _             | 2010 NOV 29             | PM 4 03                        |
|------------------|-----------|--------------------|----------------------------------|-----------------|-----------------------|--|---------------|-------------------------|--------------------------------|
|                  | <u>(i</u> | Name of            | f Corporation                    | n as curre      | ently filed with th   | he Florida Dept.   | of State)     |                         | A prof. on Billion of          |
|                  |           |                    |                                  | P950            | 000071465             |  |               | SECRETARY<br>TALLAHASSE | UF STATE<br>'E.FLORID <i>E</i> |
|                  |           |                    | (Docu                            |                 | ber of Corporation    | on (if known)  |               | <u> </u>                | .er. comby                     |
|                  |           |                    | •                                |                 | •                     |  |               |                         |                                |
|                  |           |                    | ons of section<br>cles of Incorp |                 | 6, Florida Statute    | es, this <i>Florida F</i>                                      | Profit Cor    | <i>poration</i> adopt   | s the following                |
| A. <u>If am</u>  | ending    | name,              | enter the nev                    | w name of       | f the corporation     | <u>ı:</u>  |               |                         |                                |
|                  |           |                    |                                  |                 |                       |  |               |                         | The new                        |
| abbreviat        | tion "C   | 'orp.,'' '         | "Inc.," or Co                    | o.," or the     | designation "Co       | oration," "comports<br>orp," "Inc," or "(<br>tion," or the abb | Co". A p      | professional cor        | " or the<br>poration           |
|                  |           |                    | l office addre                   |                 | licable:<br>TADDRESS) |  | <del></del> - |                         |                                |
| <i>ет</i> іпсіра | u ojjice  | : aaares           | S MUSI BE                        | <u>A SIREE</u>  | I ADDKESS )           |  |               |                         |                                |
|                  |           |                    |                                  |                 |                       |  | <del>_</del>  |                         |                                |
|                  |           |                    |                                  |                 |                       |  |               | ·····                   |                                |
|                  |           |                    | address, if a                    |                 |                       |  |               |                         |                                |
| (174 1666        | ung uu    | ui ess <u>ivi.</u> | AI BEAI O                        | <u> SI OFFI</u> | CE BOX                | <del></del>  |               |                         |                                |
|                  |           |                    |                                  |                 |                       |  | <del></del>   |                         |                                |
|                  |           |                    |                                  |                 |                       |  |               |                         |                                |
|                  |           |                    |                                  |                 |                       | address in Florid  | da, enter i   | the name of the         | 2                              |
| new r            | register  | red ager           | it and/or the                    | new regis       | stered office add     | ress:  |               |                         |                                |
| Λ                | Name of   | New Re             | egistered Age                    | nt:             |                       |  |               |                         |                                |
|                  |           |                    |                                  | _               |                       |  |               |                         |                                |
| N                | ew Reg    | istered            | Office Addres                    | :s:             | (Florid               | da street address)   | )             |                         |                                |
| <u></u>          |           |                    |                                  | <del>-</del>    | (4.12.12              |  |               |                         |                                |
|                  |           |                    |                                  | •               |                       |  | , l<br>(Zip C | Florida                 | <del></del>                    |
|                  |           |                    |                                  |                 | (City)                |  | (Zip C        | oae)                    |                                |
|                  |           |                    |                                  |                 | ng Registered A       |  |               |                         |                                |
| hereby a         | accept i  | the appo           | intment as re                    | gistered a      | igent. I am famil     | liar with and acce   | ept the obl   | igations of the p       | osition.                       |
|                  |           |                    |                                  |                 |                       |  |               |                         |                                |
|                  |           |                    |                                  | S               | ignature of New       | Registered Agent.  | if changi     | ing                     |                                |

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)

| <u>Title</u> | Name  | Address                                  | Type of Action        |
|--------------|---|--|-----------------------|
| CEO          | RUSSELL R FERRIS  | P.O. BOX 66182<br>JACKSONVILLE, FL 32208 | _ ☑ Add<br>_ □ Remove |
| CEO          | ALLAN C. THOMPSON   | 17452 NE SR 121<br>WILLISTON, FL 32696   | _ □ Add<br>□ □ Remove |
|              | ·   |  |                       |
|              | ing or adding additional Articles, ent<br>ditional sheets, if necessary). (Be spe                         |  |                       |
|              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |  |                       |
| provisio     | nendment provides for an exchange, r<br>ns for implementing the amendment<br>of applicable, indicate N/A) |  |                       |
| ALLAN C.     | THOMPSON TRANSFERED HIS   | S SHARES OF 51% ON 11/22                 | /2010                 |
| TO RUSSI     | ELL R. FERRIS WHO WILL NOV  | V SERVED AS THE C.E.O OF                 | •                     |
| THE CORI     | PORATION.   |  |                       |
|              |   |  |                       |
|              |   |  |                       |
|              |   |  |                       |

| The date of each amendmen                           | it(s) adoption: <u>11/</u>            | /22/2010  |
|---|---------------------------------------|---|
| Effective date <u>if applicable</u> :               | 11/22/2010                            | (date of adoption is required)  |
|   | (no more than 90                      | 0 days after amendment file date)   |
| \$1 m   |                                       |   |
| Adoption of Amendment(s)                            | (CH)                                  | ECK ONE)  |
| ✓ The amendment(s) was/we by the shareholders was/w |                                       | shareholders. The number of votes cast for the amendment(s) approval.   |
|   |                                       | e shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s):                               |
| "The number of votes                                | s cast for the amend                  | lment(s) was/were sufficient for approval   |
| by  |                                       | ,,,   |
| •   | (voting group)                        |   |
| action was not required.                            |                                       | board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder                            |
| sel   | y a director, preside                 | ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
| <b>4</b> F1   | , , , , , , , , , , , , , , , , , , , | JOHN B. GORDON  |
|   | (Тур                                  | ed or printed name of person signing)   |
|   | ` '                                   |   |
|   | /m*/* ^                               | PRESIDENT   |
|   | (Title of                             | person signing)   |