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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	S TALLENT JUL 03 2018
Office Use Only	Amend

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ______

DOCUMENT NUMBER: P96000020841

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Humphrey

Name of Contact Person

Law Office of Robert A. Heekin

Firm/ Company

1 Sleiman Parkway, Suite 280

Address

Jacksonville

City/ State and Zip Code

tjohnson@sleiman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Barbara Humphrey
 at (<u>904</u>)
 636-9777 Ex 2

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SLEIMAN ENTERPRISES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P9600020841

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A		The new
name must be distinguishable and contain the word "corporati- "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation nam	or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	127 -
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent Rockford Staten	_	
I Sleiman Parkway, Suite	e 270	

(Florida street address)

New Registered Office Address: _____

(City)

, Florida<u>32216</u> (*Zip 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)

Example:

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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each officeheld. 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.

<u>N</u>Change \mathbf{PT} John Doe X Remove V Mike Jones <u>X</u> Add SV Sally Smith Type of Action <u>Title</u> <u>Name</u> <u>Address</u> (Check One) Robert K. White 1 Sleiman Parkway, Suite 270 COÚ 1) ____ Change Jacksonville, Florida 32216 ____ Add X Remove Michael W. Herzberg 1 Sleiman Parkway, Suite 270 V 2) ____ Change X _ Add Jacksonville, Florida 32216 Remove 3) ____ Change _____ Add ____ Remove 4) ____ Change _____ Add ____ Remove 5) ____ Change _____ Add ____ Remove 6) ____ Change ____ Add ____ Remove

1		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, (f necessary), (Be specific)

 N/Λ

F. 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

	ption:	, if other than the
date this document was signed.		
N/A		
Effective date <u>if applicable</u> :	tho more than 90 days afte	r amendment file date)
Note: If the date inserted in this blo document's effective date on the Depa		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number o cient for approval.	f votes cast for the amendment(s)
	oved by the shareholders through voting wh voting group entitled to vote separ-	
"The number of votes cast fo	r the amendment(s) was/were sufficien	t for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without sh	areholder action and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareh	older action and shareholder
June 7 Dated	2018	
Standard .		
selected,	for president or other officer – if dire by an incorporator – if in the hands of I fiduciary by that fiduciary)	
E	LI T. SLEIMAN, JR.	
_	(Typed or printed name of pe	rson signing)

Vice President

(Title of person signing)