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COVER LETTER

TO: Amendment Section Division of Corporations

. . . .

NAME OF CORPORA	ATION: SHUMAKER, INC	-• - ·	
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F	ROBERT M. SHUMAKER		
	HUMAKER, INC.	Name of Contact Persor	1
_	·	Firm/ Company	
3	020 STANFORD ROAD		
_		Address	
F	ANAMA CITY, FL 32405		
_		City/ State and Zip Code	······································
For further information of	concerning this matter, pleas	ed for future annual report	notification)
ROBERT M. SHUMAR	CER	at (763-1135
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations fox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



SHUMAKER, INC

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)		
P96000102834	ALTO CONTRACTOR OF THE PROPERTY OF THE PROPERT			
	(Document Number	of Corporation (if known) SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
N/A		The new		
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address <u>MUST BE A S</u>				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
(Stating datess SIAT DE A COST	OTTICE BOX			
D. If amending the registered agent ar new registered agent and/or the ne				
Name of New Registered Agent	N/A	_		
Hame of Ben Registera Agent				
	(Florida st	rect address)		
New Registered Office Address:	N/A	, Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if c	honging Davietand Angel			
		<u>c:</u> with and accept the obligations of the position.		
-	Signature of New I	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, an 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 = Chic Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{y}}$	Mike Jo	<u>mes</u>	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V	_	Morris Purdue	3020 STANFORD ROAD
X Add				PANAMA CITY, FL 32405
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		- <u>-</u>		
Add				
Remove				, ==
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	lditional sheets, i	f necessary). (L	Be specific)			
7/A ————————————————————————————————————						
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		<u> </u>	<u>.</u>			
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If an ame	ndment provide	s for an exchang	e, reclassificatio	on, or cancellation	on of issued share	es,
<u>provision</u> (if ne	ns tor implemen of applicable, ind	ting the amendn licate N/A)	<u>ient it not conta</u>	ined in the <u>amei</u>	ndment itself:	
/A						
	<u> </u>				-	
			 -		· · · · · · · · · · · · · · · · · · ·	
						- ,
						

	N/A	io a la la
The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were sul	oted by the shareholders. The number of votes east for the amendaticient for approval.	nent(s)
	roved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s)	
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and share	:holder
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and sharehold	ler
JULY 22, 2		
DatedSignature	but Shumaker	
(By a di selected	rector, president or other officer – if directors or officers have not, by an incorporator – if in the hands of a receiver, trustee, or other officery by that fiduciary)	
	ROBERT SHUMAKER	
•	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	