P98000084316

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: WACP, Inc. **DOCUMENT NUMBER:** P98000084316 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Doug Marek Name of Contact Person Firm/ Company 101 Pugliese's Way Address Delray Beach, FL 33444 City/ State and Zip Code ireamer@puglieseco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Doug Marek Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WACP, Inc.	-	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
P98000084316		
(Document Number of Corporation (if I	(nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation:		
	The	e new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbrev o". A professional corporation name must conto	viation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· ·	
	TAI	
	LC AZ	~ ~ ~
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	N T
Name of New Registered Agent	(B. 2) (B. 2)	ω
Name of New Registerea Agent		R III
(Florida stree	et address)	<u></u> မ
	₹	8
New Registered Office Address: (City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
, , , , , , , , , , , , , , , , , , , ,	,	
Signature of New Registered Ag	gent, 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Anthony V. Pugliese, III	101 Pugliese's Way
Add			Delary Beach, FL 33444
Remove			
2) Change	P	Laura K. Pugliese	101 Pugliese's Way
Add			Delray Beach, FL 🏯 🖽 😅
Remove			CCRE L
3) Change			-8
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	Iding additional Art sheets, if necessary).	(Be specific)			
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f an amendment	provides for an exc	hange, reclassifica	tion, or cancellatio	n of issued shares,	
	nplementing the amo	endment if not con	tained in the amer	dment itself:	
provisions for in	cable, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	13
November 7, 2013	ē Ti
Signature Rama L. Firefuel	8
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	7
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed fiduciary by that fiduciary)	့ သ
Laura K. Pugliese	
(Typed or printed name of person signing)	=
President	
(Title of person signing)	-