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(R	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SLEIMAN HOLL	DINGS INC.		
DOCUMENT NUMBER: P98	000104031			
The enclosed Articles of Amenda		ibmitted for filing.		
Please return all correspondence	concerning this ma	uter to the following:		
Barbara 1	umphrey			
		Name of Contact F	Person	
Law Offic	e of Robert A. He	ekin		
1 Sleiman	Firm/ Company 1 Sleiman Parkway, Suite 280			
	Address			
Jacksonvi	lle	71131000		
		City/ State and Zip	Code	
fjohnson@stein	an.com			<i>y</i>
· =		sed for future annual re	eport not	_
			·	
For further information concerning	ng this matter, plea	se call:		
Barbara Humphrey		904	1	636-9777 Ex 2
Name of Contact	Person	Are	eu Code d	636-9777 Ex 2 & Daytime Telephone Number
Enclosed is a check for the follow	ring amount made	payable to the Florida	Departm	ient of State:
	.75 Filing Fee & tificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)		3\$52.50 Filing Fee Certificate of Status Certified Copy (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

SLEIMAN HOLDINGS, INC.

(<u>Name</u>	of Corporation as curr	ently filed with the Florida	(Dept. of State)	
	P980001	104031		
	(Document Numb	er of Corporation (if known)	1	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, t	this <i>Florida Profit Corporat</i>	ion adopts the following a	imendment(s) to
A. If amending name, enter the new na	ame of the corporation	<u>:</u>		
N/A			7	he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," c	or "Co". A professional co on "P.A."	ncorporated" or the abb	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		
(Trincipal office datatess gross in 203	TREET ADDRESS (···
			,	<u> </u>
			<u>.</u>	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	:	₩, -1 [
(27) 1 122 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0111(131277.1)	 		
		· · · · · · · · · · · · · · · · · · ·		· · · ·
				ÿ r 3
D. If amending the registered agent ar			e name of the	·
new registered agent and/or the ne-		ress:		
Name of New Registered Agent	Rockford Staten			
	1 Sleiman Parkway, St	uite 270		
	(Florida	a street address)		
New Registered Office Address:	Jacksonville		, Florida	
		(City)	(Zip Coo	le)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			gations 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)

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	COO	Robert K. White	1 Sleiman Parkway, Suite 270
Add			Jacksonville, Florida 32216
X Remove			
2) Change	<u>v</u>	Michael W. Herzberg	1 Sleiman Parkway, Suite 270
X Add			Jacksonville, Florida 32216
Remove			
3) Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

E. If amending or adding additional Articles, enter change(s) here; (Attach additional sheets, if necessary). (Be specific)	
N/A	
<u> </u>	
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	

	adoption:	, if other than the
date this document was signed.	×'/A	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this data Department of State's records.	e will not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	1
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	11
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
June Dated	25 , ²⁰¹⁸	
a.		
selec	a director president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	ELIT, SLEIMAN, JR.	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	