PACCOBIO

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2661 Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR.	ATION:	BEL - COLLUM, INC.			
OCUMENT NUMBER: P99000093106					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	NAN	RCY EBEL-COLLUM			
_		Name of Contact Person	n		
	EBE	L - COLLUM, INC.			
_		Firm/ Company			
	5588	EASTWIND DRIVE			
_		Address			
	SAR	ASOTA, FL 34233			
-		City/ State and Zip Cod	e		
	NA	NCY@EBELDESIGNS.CO	DM .		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
NANCY EBEL-COLLUM		at (926-7880		
Name o	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Ameno Divisio	Address Iment Section on of Corporations Building		

Articles of Amendment to Articles of Incorporation of

EBEL - COLLUM, INC.

(Name of Corpor	ation as currently filed with the Florida Dep	t. of State)			
	P99000093106				
(Doc	cument Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation a	idopts the fo	llowing am	endme	nt(s) t
A. If amending name, enter the new name of the	e corporation:				
	NANCY EBEL, INC.		The	new	,
name must be distinguishable and contain the w "Corp," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A professional corpor	orated" or ation name	the abbre	viation	,
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A) D. If amending the registered agent and/or registered agent and/or the new registered.	stered office address in Florida, enter the na	me of the	ALL/MASSEC, ALC	MY 51 A5N 8	FILED
Name of New Registered Agent			DANDA	∷ 13	
	(Florida street address)				
New Registered Office Address:		Florida			
	(City)		tžip Code,		
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligation	ns of the pos	sition.		
	innature of New Registered 40ent if changing	<u></u>	<u>-</u>		

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	r adding additional Ar nal sheets, if necessary).	. (Bc specific)				
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lf an ame <u>ndm</u>	ent provides for an exc	hange, reclassific	ation, or cancella	tion of issued sha	ires,	
provisions for	r implementing the am plicable, indicate N/A)	endment if not co	ntained in the an	<u>iendment itself:</u>		
(मु भठा व्यून	measie, mateure 19.11					
	<u></u> .	<u> </u>		<u> </u>		
		 				
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_						
			<u></u>			

The date of each amendment(s)	adoption:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated _ /)	6v.10, 2018
Signature 🗸	Manay Ebel-Collum
(By a	i director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	NANCY EBEL-COLLUM
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)