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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SOUTHERN TAP	E & LABEL, INC.			
DOCUMENT NUMB	BER: S17339				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MATTHEW J. MONAGHA	N, ESQ.			
•		Name of Contact Person	1		
	CANTWELL & GOLDMAN, P.A.				
•	Firm/ Company				
	96 WILLARD STREET, ST	E. 302			
		Address			
	COCOA, FL 32922				
•		City/ State and Zip Code	e		
bobire	å,labelsstl.com				
		sed for future annual report	notification)		
For further information	concerning this matter, pleas				
ROBERT J. RAMSEY		at ( <u>321</u>			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
S35 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)		
Ame Divis P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Islansee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

40 元 号 27 元 75

## Articles of Amendment to Articles of Incorporation of

## SOUTHERN TAPE & LABEL, INC

(Name of Corporation as curre	ently filed with the Florida Dept, of State)
\$17339	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corpora" "Corp." "Inc." or Co.," or the designation "Corp," "Inc." oword "chartered." "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
(Frincipal office duaress <u>51051 BE A STREET ADDINESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addr	
ROBERT L RAMSEY	ر.) د
Name of New Registered Agent	
(Elmi)	street address)
N/A	
New Registered Office Address:	, Florida
	100
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent:
т печену иссерстве арронитет их гедімегей адет. Тат затта	u wun ana accept the onugations of the position.
Dec 1027 1000	Registered Agent, if changing
Signature of Nev	₩Revistered Avent, 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.

 $P = President; V = Vice President; T = Treasurer; S = Secretary, D = Director; TR +- Trustee; C = Chairman or Clerk; CEO <math>\approx$  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 Doc	
X Remove	<u>V</u>	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	Ð	ROBERT M. RAMSEY	2870 MOURNING DOVE WAY
Add			TITUSVILLE, FL 32780
X Remove			
2) Change	D	JOYCE E. RAMSEY	2870 MOURNING DOVE WAY
Add			TITUSVILLE, FL 32780
XRemove			
3) Change	D	SHANNON R. RAMSEY	4435 SADDLEBACK STREET
XAdd			COCOA, FL 32927
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional Articles, e sheets, if necessary).— (Be s	pecific)			
N/A					
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. <u>If an amendmen</u>	provides for an exchange,	reclassification, or	cancellation of issue	d shares,	
provisions for it	nplementing the amendmen	t if not contained in	the amendment its	<u>elf:</u>	
	rable, indicate N/A)				
N/A 					
<del></del>			<del>-</del>		
		<del></del>			

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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.	
Dated 6/30/17	
Signature	
(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 appointed fiduciary by that fiduciary)	
ROBERT J. RAMSEY	
(Typed or printed name of person signing)	
DIRECTOR And Registered Agent	
(Title of person signing)	