Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000032843 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 Phone : (305)552~5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN JIREN IS MY PROVIDER INC

Certificate of Status

Certified Copy

Page Count

04

Estimated Charge

\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

2/7/2011 5-19 014

H11000032843

to
Articles of Incorporation

of

11 FFR FILED	•
\$11 - 0	
11 FEB -8 AM 9: 5 FALLAHASSEF STATE	3
CAHASSEF OF STAT	

JIREN IS MY PROV			te)
(Name of Corporation as currently f	iled with the F	lorida Dept. of Sta	te)
N10000			
(Document Number of	Corporation (i	fknown)	
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorporate	a Statutes, this ration:	Florida Not For Pr	rofit Corporation adopts
A. If amending name, enter the new name of the c	orporation:		
Jirch is My Provi	derI	nc	
The new name must be distinguishable and contain	the word "cor	poration" or "inco	orporated" or the
abbreviation "Corp." or "Inc." "Company" or "Co.	<u>" may not oc u</u>	sed in the name.	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			
			
C. Tutan an estima address if applicables			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	_		
D. If amending the registered agent and/or registe	red office adds	ress in Florida, ent	er the name of the
new registered agent and/or the new registered			
Name of New Registered Agent:			
Name of New Register an Agent.			_
New Parketons of Control of States and Contr	187 d	reet address)	-
New Registered Office Address:	(Atorida Si	rees address)	
<u> </u>	7.4		Florida
	(Ci	(b)	(Zip Code)
New Registered Agent's Signature, if changing Res	istered Agent:		
I hereby accept the appointment as registered agen position.	t. I am famil	iar with and accep	t the obligations of the
	. 617 F 1		, , , , , , , , , , , , , , , , , , ,
Signatu	re oj New Kegi:	stered Agent, if char	nging

Page 1 of 3

H11000032843

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			☐ Add ☐ Remove		
			☐ Add ☐ Remove		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Please add EIN - 27-456985)					
	ease and ein	21-73698	55)		
	PATER AND ADDRESS OF THE PATER AND ADDRESS OF				
<u></u>					
			·		
		,			

H11000032843

The date of each amendment(s) adoption: 02-07-11
(date of adoption is required)
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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated February 7, 2011
Signature (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator — if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
MARLENE J SANCHEZ (Typed or printed name of person signing)
PRESIDENT.
(Title of person signing)

Page 3 of 3