N9300003051

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Urban Core E	nterprises, Inc.	<u> </u>
DOCUMENT NUM	BER: N9300003051		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		l R. Jackson	
	(Name of	f Contact Person)	
	Darryl R. J	ackson, CPA, P.A	
	(Firm	n/ Company)	
	101 E. Unio	on Street, Ste. 400	
	(Address)	
	Jackson	ville, FL 32202	
	(City/ Sta	te and Zip Code)	
		Odrj-cpa.com d for future annual report notifi	cation)
For further information	on concerning this matter, pleas	e call:	
Darryl R. Jacksor	1	at (904) 633-80	99
(Name	of Contact Person)		ime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departme	nt 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		Street Address	is enclosed)
Amendment Section Division of Corporations		Amendment Section Division of Corporat	ions
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cent	er Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Urban Core Enterprise	s, Inc.			
(Name of Corporation as currently filed with	the Florida Dept. of State)			
N9300003051				
(Document Number of Corporat	ion (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporatio	<u>и:</u>			
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not				
B. Enter new principal office address, if applicable:	4150 Ribault River Lane			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jacksonville, FL 32208			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4150 Ribault River Lane			
	Jacksonville, FL 32208			
D. If amending the registered agent and/or registered office	address in Florida, enter the name of the			
new registered agent and/or the new registered office add	<u>lress:</u>			
Name of New Registered Agent: Darry	yl R. Jackson			
101 E. Uni	on Street, Ste. 400			
New Registered Office Address: (Flori	da street address)			
Ja	cksonville , Florida 32202			
	cksonville , Florida 32202 (City) (Zip Code)			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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'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
VP, D	Gladys Nelson	4150 Ribault River Lane Jacksonville, FL 32208	☐ Add ☐ Remove
			Add Remove
E. If amend	ling or adding additional Article ditional sheets, if necessary). (es, enter change(s) here: Be specific)	
			

The date of each amendmen	t(s) adoption: 4M/aur 3/12 all
Effective date <u>if applicable:</u>	(date of adoption is required) May 31, 2011
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated May Signature	ZDIN-C
hav	the chairman of vice chairman of the board, president or other officer-if directors on the not been selected, by an incorporator – if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Tony Nelson
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

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