

P09000021378

Florida Department of State
Division of Corporations
Public Access System

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.

(((H09000177358 3)))



H090001773583ABC7

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:
 Account Name : TRANSAMERICA ACCOUNTING & SERVICES INC
 Account Number : I20090000046
 Phone : (239) 274-8290
 Fax Number : (239) 415-7373

2009 AUG -6 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN

EJR GENERAL SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

*Name change
in Amend*

RECEIVED
2009 AUG -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

8/6/09

08/06/09

Articles of Amendment
to
Articles of Incorporation
of

FILED

2009 AUG -6 PM 2:20

EJR GENERAL SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000021378

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

JB GENERAL SERVICES, INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 address:

Name of New Registered Agent:

TRANSAMERICA ACCOUNTING

New Registered Office Address:

2950 WINKLER AVE STE 701

(Florida street address)

FORT MYERS


(City)

Florida 33916

(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

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>	<u>Address</u>	<u>Type of Action</u>
P	ROBERTO G. SILVA	5424 SIXTH AVE FORT MTERS FL 33907 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	JANUSQUADRO BANDEIRA	5424 SIXTH AVE FORT MTERS FL 33907 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	EDGAR GONCALVES	5424 SIXTH AVE FORT MTERS FL 33907 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>JANUSQUADRO BANDEIRA</u>	<u>5424 SIXTH AVE</u> <u>FORT MTERS FL 33907 US</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>ALCENIR D. DA CUNHA</u>	<u>5424 SIXTH AVE</u> <u>FORT MTERS FL 33907 US</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>JOSSEIR V. DE OLIVEIRA</u>	<u>5424 SIXTH AVE</u> <u>FORT MTERS FL 33907 US</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: 08/06/2009

(date of adoption is required)

Effective date if applicable: 08/06/2009

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

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 08/06/2009

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)

JANUSQUADRO BANDEIRA

(Typed or printed name of person signing)

VICE-PRESIDENT

(Title of person signing)