## P11000099534

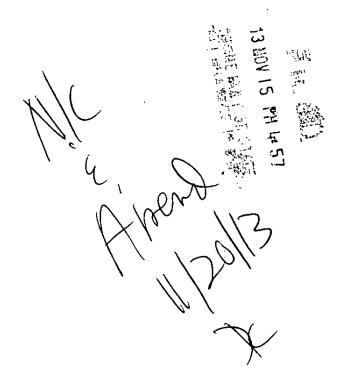
(Re	equestor's Name)	
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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: JEGZ, Inc.  DOCUMENT NUMBER: P11000099534
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Xiomara Spackfora  Name of Contact Person  Zellner Insurance Agency, Inc.  Firm/Company  4114 Sunbeam Rd Suite 101  Address  Jack-Schuille FL 32257  City/ State and Zip Code  Xiomara @ Zellnerinsurance. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Xiomara Spackafora at 904 7188301  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of A	mendment
to	
Articles of Inc	corporation # # # # # # # # # # # # # # # # # # #
of	
JE62, Inc	To the same
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P11000099	534
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  Affordable Care Gap P  name must be distinguishable and contain the word "corporatio"  "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation"	Co". A professional corporation name must contain the 'P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4114 Sunbean Rd Suite 101 Vacksonuille FL 32257
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4114 Sunbeam RJ Suite 101 JackSomülle Pr 32257
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent ///- (Florida str	reet address)

New Registered Office Address:

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

(City)

, Florida\_

(Zip Code)

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.

Example: X Change	PT John I	<u>Doc</u>	
X Remove	V Mike	<u>Jones</u>	
_X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove		Xiomara Spada	fork <u>4114 Sonbeam</u> Rd Suite 101 Jacksonuille Fz 32257
2) Change	D	Ron Hull	4114 Sunbeam Rd Suite 101
Remove 3) Change Add	<u>D</u> _	Patricia Hull	Jacksoniille PL322S 4114 Sunbeam Rd Juite 101
Remove			Jacksonville Fr 32257
4) Change Add Remove			
5) Change			
Remove			
6) Change Add			
Remove			

Attach <i>addi</i>	<mark>e or adding addit</mark> tional sheets, if ne	zcessary). (B	e specific)	(s) nere:		
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(if not	for implementing applicable, indicable,	ate N/A)	ient it not con	tameu iii the ai	nendment itsen	<u>.</u>
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.  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 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 1-11-13	
Signature  (By a director, prosident 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)	
Xioman Spadatoro (Typed or printed name of person signing)	_
VP of Marketing (Title of person signing)	