P13000025304

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

,		•				
NAME OF CORPOR.	ATION: We Help E	Brokerage Corp	oration			
	ER: P130000253					
	f Amendment and fee are su					
Please return all corresp	ondence concerning this ma	tter to the following:				
	ı	Matthew Rober	ts			
_		Name of Contact Person				
	We	e Help Brokerag	ge Corporation			
Firm/ Company						
	79	960 Lakeland S	treet			
_	·	Address	······································			
	Jack	sonville, Florida	a 32221			
-		City/ State and Zip Cod				
	info@we	helpbrokerage.	com			
		sed for future annual report				
		,				
For further information	concerning this matter, pleas	se call:				
Matth	ew Roberts	at (904	, 294-6000			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:			
XI \$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)			
**************************************	ng Address		Address			
	idment Section	Amendment Section				
	ion of Corporations Box 6327	Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

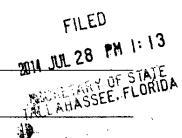
Articles of Amendment Articles of Incorporation

We Help Brokerage Corporation

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

P13000025304

(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:

une must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ' ord "chartered." "professional association," o	"Corp," "Inc." or "	To". A professional corporation name		
Enter new principal office address, if apple	icable:	7960 Lakeland Street		
Principal office address <u>MUST BE A STREE</u> T		Jacksonville, Florida 32	221	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	PO Box 37917		
(Mailing address <u>MAY BE A POST OFFIC</u> If amending the registered agent and/or re	egistered office add	Jacksonville, Florida	32236	
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or renew registered agent and/or the new registered.)	egistered office add	Jacksonville, Florida	32236	
(Mailing address MAY BE A POST OFFIC	egistered office address	Jacksonville, Florida	32236	
(Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address tered office address 7960 Lak (Florida str	Jacksonville, Florida	32236	
(Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new regis	egistered office additered office address 7960 Lak	Jacksonville, Florida	32236	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

Attach a	additional :	ding addition sheets, if nece	ssary). (Be specific,	<u> </u>	<u> </u>			
									
									
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<u>f an an</u> provisi	nendment	provides for plementing t	<u>an exchan</u> be amend	ge, reclassi	ification, o	or cancella	tion of issu	<u>ied shares</u>	•
(if	not applica	ıble, indicate	N/A)	ment ii not	containe	<u> </u>	ienam <u>ent</u>	130111	
	· · · ·								
									
									
									
									

The date of each amendment(s) ac	7/01/2014	, if other than the
date this document was signed.	•	
Effective date if applicable:	7/01/2014	
Effective date <u>n appneable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ade action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
{Dated} 7/15/	/2014	
Dated	MILA A	
(By a diselected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Matthew Roberts	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	