P16000001414

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

Amend land

APR 10 2017

I ALBRITTON

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Jam	us Buday Corp.
DOCUMENT NUMBER:	·
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
	Name of Contact Person Coro DBA Seruces 321 Firm/Company To sw 73 ove Address Coro DBA Seruces 321 Company Company Company Address Coro DBA Seruces 321 City/ State and Zip Code Code Coro DBA Seruces 321 City/ State and Zip Code Code Company Address Coro DBA Seruces 321 City/ State and Zip Code Code Company Code Code Code Code Code Code Code Code
For further information concerning this matter, please	e call:
James Dulay	at (239) 633-6494
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pr	ayable to the Florida Department of State:
\$35 Filing Fee \$\text{\$\text{\$\subset\$}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



March 29, 2017

JAMES BUDAY 5222 SW 23RD AVE CAPE CORAL, FL 33914

SUBJECT: JAMES BUDAY CORP. Ref. Number: P16000067474

We have received your document for JAMES BUDAY CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 517A00006046

RECEIVED

7. APR 10 FM 12: 2



March 16, 2017

JAMES BUDAY JAMES BUDAY CORP. 5222 SW 23RD AVE CAPE CORAL, FL 33914

SUBJECT: JAMES BUDAY CORP. Ref. Number: P16000067474

We have received your document for JAMES BUDAY CORP. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 117A00005114

Articles of Amendment

to Articles of Incorporation

()Ames R.D	of Cov	5 .		
(Name of Corpora	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	ded with the Florida	Dept. of State)	
(Docu	ment Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Fl</i>	orida Profit Corporati	on adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
Sev	vices 3	3.2.1 Co	• Gr	_The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	p, " "Inc, " or "Co	" A professional coi	corporated" or the a rporation name must	bbreviation contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		Cope Con	a, fl	are
			33914	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X</u>)			
			2011 SE TALL	
			AE A	The
D. If amending the registered agent and/or registered new registered agent and/or the new registered		s in Florida, enter the	name of the	
	Alex	7.1.		.
Name of New Registered Agent	<u> </u>	Mac		Ī
	(Florida street	address)	Þ	• :.
New Registered Office Address:			Florida	
Her Registered Office Hadress.	(C	(עו	Zip (Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar wit	h and accept the obliga	utions of the position.	
1	Olex,	B. Jan		
Sig	nature of New Reg	istered Agent Afchang	ing	•

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 <math>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> Jo	ohn_Doe	
X Remove	<u>v</u> <u>w</u>	1ike Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>vP</u>	Alex Biday	5222 SW 23' dave
Add		1	CC fl 33914
Remove			
2) Change			
Add			
Remove		•	
3) Change			
Add		•	
Remove			
4) Change	 		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

•	(Be specific)	•		
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		- 	11944	
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an amendment provides for an exch	nange reclassificat	ion or cancellati	on of issued shares	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassificat	ion, or cancellation	on of issued shares,	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificat ndment if not cont	ion, or cancellation	on of issued shares, adment itself:	
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lihe date of each amendment (s) adoption:	if othersthan the
date this document was signed.	
Effective date if applicables	•
Effective date if applicable: (no more than 90 days after amendment file date)	
Notes If the data innerted in this block does not most the applicable statutes. Clies requirements this data w	ill mad be listed as the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	in not be fisted as the
Adoption of Amendment (s) (CHECK ONE)	
The number of votes cast for the amendment(s) 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.	
■Dătēd 4/7/7	
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)	_
(Typed or printed name of person signing)	
Title of person signing)	