## P0300073636

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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARIO OF STATE
TALLARIA COEL FL

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## COVER LETTER

Division of Corporations JCB PENSION Company. NAME OF CORPORATION: P03000073636 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KARI C. CURTIS

Name of Contact Person PEnsion Company mino Gardens For further information concerning this matter, please call: KARI C. CURTIS at (501) 750 · 5535

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 ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to

Articles of Incorporation of

JCB PERSON COMPRAY INC						
(Name of Corporation as currently filed with the Florida Dept. of State)						
_ P03000073636						
(Document Number of Corporation (if known)						
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:						
A. If amending name, enter the new name of the corporation:						
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 KARI C. CURTIS 39						
350 CAMINO GORDENS BIRD 107  (Florida street address) Boca Raton, FC. 33.  New Registered Office Address:  (City) (City) (Zin 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.						
A Committee of the Comm						
Lani C. Curtos						
Signature of New Revistered Agent if changing						

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	<u>SV</u> <u>Saily</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	PRUDENCE C CROT	350 Comino gordens Bird. 4101
Add  Remove  2) Change	PD_	KARI C. CURTIS	Boca Raton, F. 3343 350 Compo cardens Brd. #1
Add Remove Add Add			Boca Raton, Fr. 3343
Remove 4) Change Add		<del></del>	2023 MAY SECRET TALL/
Remove 5) Change Add			MAY 12 PH RETARY 34 SEL LLAHASSEL
Remove 6) Change			STATE
Add Remove			

	ticles, enter change(s) here: . (Be specific)	
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an amendment provides for an excl rovisions for implementing the amo (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
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rovisions for implementing the ame	endment if not contained in the amendment itself:	2023 MAY 12 PH 1:101

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	G.,
(no more than 90 days a)	ter amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	autory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by(voting group)	·
(voting group)	
Dated MAY 9 2023 Signature	r de V
(By a director, president or other officer — if d selected, by an incorporator — if in the hands (appointed fiduciary by that fiduciary)	
KAR, C. CUR (Typed or printed name of	2T1S
(Typed or printed name of	person signing)
PRESIDENT	& DILECTCL
(Title of person signing)	

2023 MAY 12 PH 1: 01
SECRETARY OF STATE
TALLAHASSEE, FL