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TALLAHASSEE, FLOND

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And

SEP 01-2015

R. White

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Jim Edward, Inc. DOCUMENT NUMBER: 579480 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dana Quinones Name of Contact Person The Grantham Law Firm Firm/ Company 1860 Forest Hill Blvd., Ste. 105 Address West Palm Beach, FL 33406 City/ State and Zip Code dana@kirkgrantham.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 502-4255

Area Code & Daytime Telephone Number Dana Quinones Name of Contact Person 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 Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

: 11, F.S. 15 AUG 28 - AM 10: 01

Jim Edward, Inc.	13. 01
(Name of Co	orporation as currently filed with the Florida Dept. of State
79480	THROOLE, FEORIDA
	(Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
. If amending name, enter the new name	of the corporation:
	The new
ame must be distinguishable and contain Corp.," "Inc.," or Co.," or the designation ord "chartered." "professional association.	the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	
 If amending the registered agent and/or new registered agent and/or the new reg 	registered office address in Florida, enter the name of the
Rita	Schroeter
Name of New Registered Agent	
·	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if chang	ing Registered Agent: agent. I am familiar with and accept the obligations of the position.
nereby accept the appointment as registerea	ageni. Tam jamiliar wiin ana accept the obligations of the position.
,	A. —
	Signature of New Registered Agent, if changing
	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)

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P,D	James Edward	
Add X Remove			
2) Change	P,S,T,D	Rita Schroeter	2683 Gately Drive East, #104
<u>X</u>			West Palm Beach, FL 33415
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

· · · · · · · · · · · · · · · · · · ·	sary). (Be specific)	
		.,
an amandment provides for a	n evaluation of issued shows	
an amendment provides for a	nn exchange, reclassification, or cancellation of issued shares,	
<u>provisions for implementing th</u>	ne amendment if not contained in the amendment itself:	
an amendment provides for a provisions for implementing the (if not applicable, indicate N	ne amendment if not contained in the amendment itself:	
rovisions for implementing th	ne amendment if not contained in the amendment itself:	
<u>provisions for implementing th</u>	ne amendment if not contained in the amendment itself:	
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<u>provisions for implementing th</u>	ne amendment if not contained in the amendment itself:	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	11/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	,,	
,	(voting group)	
action was not required. The amendment(s) was/were ad	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated		
Signature		
(By a c	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other ented fiduciary by that fiduciary)	
	Rita Schroeter	
	(Typed or printed name of person signing)	
	President, Director	
	(Title of person signing)	