## 666736

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del></del> ;
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only

11 2008.5

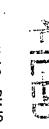


500162655845

11/19/09--01017--004 \*\*35.00

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

SECRETARY OF STATE



## COVER LETTER

**TO:** Amendment Section **Division of Corporations** NAME OF CORPORATION: \_\_JA-ROD SERVICES, INC. 666736 DOCUMENT NUMBER: \_\_\_ The enclosed **Articles of Amendment** and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TONY D. NELSON (Name of Contact Person) JA-ROD SERVICES, INC. (Firm/ Company) 2933 N. MYRTLE AVENUE, STE. 200 (Address) JACKSONVILLE, FL 32209 (City/ State and Zip Code) For further information concerning this matter, please call: TONY D. NELSON (Area Code & Daytime Telephone Number) (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 LITERATE LANGUAGE AS (Additional Copy enclosed) is enclosed)

Mailing Address

Thuly Ripe med this litters of

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

## **Articles of Amendment** to **Articles of Incorporation**

FIL	ED
SECRETARY	PM ID. O.

	of		SECRETARY 19	PH ID.
JA-ROD	SERVICES, INC.	1	SECRETARY.	na n
(Name of Corporation as curr			f State ASSEE,	FLORI
	666736			
(Document Nur	nber of Corporation (if kr	nown)	_	
dursuant to the provisions of section 607.100 ollowing amendment(s) to its Articles of Incomparison of the control of the cont	· ·	Florida Pi	rofit Corporatio	n adop
. If amending name, enter the new name o	of the corporation:			
he new name must be distinguishable a incorporated" or the abbreviation "Corp.," Co". A professional corporation nam ssociation," or the abbreviation "P.A."	"Inc.," or Co.," or the	e designati	on "Corp," "In	c," or
. Enter new principal office address, if app	plicable:			
	ET ADDRESS )			
Principal office address <u>MUST BE A STREE</u>	·		,	
Principal office address <u>MUST BE A STREE</u>	· 			
Principal office address <u>MUST BE A STREE</u> C. <u>Enter new mailing address, if applicable</u>	· 			
Principal office address <u>MUST BE A STREE</u> C. <u>Enter new mailing address, if applicable</u>	· 			
Principal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u> )	in Florida	, enter the nam	e of the
Principal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	in Florida	, enter the nam	e of the
Principal office address <u>MUST BE A STREE</u> L. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u> )  D. If amending the registered agent and/or	CE BOX)	in Florida	, enter the nam	e of the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new regi	CE BOX)	in Florida	, enter the nam	e of the
Principal office address MUST BE A STREE  Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI)  Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new registered agent and/	CE BOX)		, enter the nam	e of the
Principal office address MUST BE A STREE  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI  D. If amending the registered agent and/or new registered agent and/or the new registered agent:	registered office address		, enter the nam	

Ne<sup>o</sup> I h position.

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)

<u>Title</u>	Name	Address	Type of Action
<u>PD</u>	NELSON, JANICE	2933 N. MYRTLE AVENUE SUITE 200 JACKSONVILLE, FL 32209	Add Remove
DS	NELSON, TONY		Add Remove
<u>T</u>	SCOTT, JEFF		Add Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, reclar for implementing the amendment if no pplicable, indicate N/A)		
			.,

The date of each amendment	(s) adoption:11/1//09
Effective date <u>if applicable</u> :	11/17/09
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	cast for the amendment(s) was/were sufficient for approval
by S	HAREHOLDERS ."
•	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	JANICE NELSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)