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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: J.K. Properties, Inc. DOCUMENT NUMBER: L62340 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bridgette M. Blitch, Esq. Name of Contact Person Taylor & Associates, Attorneys at Law, P.L. Firm/ Company 20 3d St. SW, Suite 209 Address Winter Haven, FL 33880 City/ State and Zip Code bblitch@taylorattorneys.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bridgette M. Blitch, Esq. 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 enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

J.K. Properties, Inc.				
(Name	of Corporation as currer	tly filed with the Florida	Dept. of State)	
L62340				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporati	lon adopts the following amendme	ent(s) to
A. If amending name, enter the new n	ame of the cornoration:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation rporation name must contain the	! :
B. Enter new principal office address, (Principal office address MUST BE A S				2016
C. <u>Enter new mailing addrées, it appl</u> (Malling address <u>MAY BE A POST</u>		TRANSPORTER TO THE PROPERTY OF	A Section of the sect	EC 30 PH 12: C
D. If amending the registered agent an new registered agent and/or the new			e name of the	
Name of New Registered Agent	Taylor & Associates, Att	orneys at Law, P.L.		
	20 3rd St. S.W., Suite 20	9		
	(Florida s	reet address)		
New Registered Office Address:	Winter Haven		, Florida	
A Company of the Comp		(City)	(Zip Code)	
New Registered Agent's Signature, if cl	ered agent. I am familiar	i <u>:</u> with and accept the obliga Ke fistyled A gent, if c hang		

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.

X Change	PT	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	PSD	Debra A. Kedzuf	1025 N. Chestnut Road
Add			Lakeland, FL 33805
X Remove			
2) Change	VP	Joseph P. Kedzuf	1025 N. Chestnut Road
Add			Lakeland, FL 33805
X Remove			
3) Change	P	Blue E. Group, Inc.	1025 N. Chestnut Road, Suite 100
X Add	-		Lakeland, FL 33805
Remove			
4) Change	***************************************		
Add			
Remove			
5) Change	ph was all all leading again and		
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>17.</u> (A1	15 amending or adding additional Articles, enter c Attach additional sheets, if necessary). (Be specific	<u>wngc(s) here</u> : ;)		
				
				
-				
<u>Ha</u>	an amendment provides for an exchange, reclass provisions for implementing the amendment if not (If not applicable, indicate N/A)	ification, or exacellation contained in the amend	of issued shares, ment itself:	
			The second secon	75-76-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
		***************************************	described that the second sec	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ient(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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.	nolder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
Dated 12/23/16	
Signature Relual Kedry	
(By a director, president or other officer - if directors or officers have not b	
selected, by an incorporator — if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
Debra A. Kedzuf	
(Typed or printed name of person signing)	
President	
(Title of person signing)	