N07000009425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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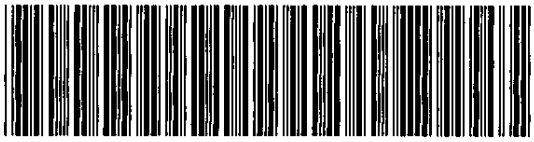

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TALLAHASSEE FLORIDA

TS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JCP Cares, Inc.

DOCUMENT NUMBER: N07000009425

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine A. Bravo
(Name of Contact Person)

(Firm/ Company)

450-106 State Road 13 N. #165
(Address)

St. Johns, FL 32259
(City/ State and Zip Code)

For further information concerning this matter, please call:

Katherine A. Bravo at (904) 287-2757
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee 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

Articles of Amendment
to
Articles of Incorporation
of

FILED
07 OCT 12 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JCP Cares, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

N07000009425

(Document number of corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Article V to add OFFICER:

treasurer- Nancy Ober 450-106 State Road 13 N. #165, St. Johns, FL 32259

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: September 18, 2007

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Katherine A Bravo
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Katherine A. Bravo
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: $35

ARTICLES OF CORRECTION

for

JCP Cares, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

N07000009425

Document Number (if known)

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TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct N07000009425

(Document Type Being Corrected)

filed with the Department of State on 9/24/2007

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The principal/mailing/registered agent/director Addresses all state:

450-106 State Road 14 N. #165

St. Johns, FL 32259

Correct the inaccuracy, incorrect statement, or defect:

The principal/mailing/registered agent/director Addresses should all be corrected to reflect:

450-106 State Road 13 N. #165

St. Johns, FL 32259

Katherine A Bravo

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Katherine A. Bravo

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: $35.00