NIC 000008537

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The People's Plug Inc.
DOCUMENT NUMBER: N 1600008537
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Farianne Fstael (Name of Contact Person)
· · · · · · · · · · · · · · · · · · ·
The People's Plug Inc. (Firm/Company)
(Firm/ Company)
1640 W. 23rd Street
(Address)
JackSonville, FL 32209 (City/ State and Zip Code)
(City/ State and Zip Code)
the peoples plug 1 @ amail. com E-mail address: (40 be used for future annual report notification)
For further information concerning this matter, please call:
Erica Lundy (Name of Contact Person) at (904) 586 - 7584 (Area Code) (Daytime Telephone Number)
(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 Certificate of Status Certified Copy (Additional copy is enclosed) 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

The Paper Aug :	Inc.	Florida Bent of State)	
N 16000008			
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statut e s, this <i>Florida N</i> o	ot For Profit Corporation adopts the follo	wing
A. If amending name, enter the new name of the The People's Plug I	nc.		new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		orated" or the abbreviation "Corp." or "I	æ." ? ?
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL	ole: ODRESS)	A RSSEE OF	FILEED pd 26 Pd
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x</u>) N/A		2:51
D. If amending the registered agent and/or registered new registered agent and/or the new registered		rida, enter the name of the	
Name of New Registered Agent: New Registered Office Address:	NIA	(Florida street address)	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent:		
-	Signature of New I	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 X Remove X Add	PT John J V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change Add Remove	<u>T</u>	Deja Chambers	7701 Timberlin Park#1124 Jacksonville, Plovida 32256
2) Change	T	Stephanie White	4320 Sunbean Rd #817 Jacksonville, Provida
Remove 3) Change Add		NA	37257
Remove 4) Change Add	<u></u>	NA	
Remove Change Add		NA	
Remove 6) Change Add Remove		N/A	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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TVI'-					
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			<u> </u>		

	this document was signed.
Effe	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unnent's effective date on the Department of State's records.
Ado	option of Amendment(s) (CHECK ONE)
凶	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Signature (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)
	Aarianne Israel (Typed or printed name of person signing)
	Secretary (Title of nerson signing)