P0200004278

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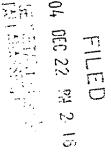


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Amend MC Thurs

EFFECTIVE DATE 1-15-05



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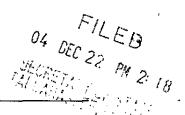
Division of Corporations
SUBJECT: Jennifer Labbe P.A. (Name of corporation)
DOCUMENT NUMBER: P020004278
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jenniel Labbe (Name of contact person) The Labbe Law offices (Firm/Company)
319 Chomatis Street, Suite 701
WEST PACM BEACH, FC 33401 (City/state and zip code)
For further information concerning this matter, please call:
Tennifer Labbe at (501) 820-0010 (Area code & daytime telephone number)
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment Articles of Incorporation of



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

PO 2000 0 4 2 7 8 (Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):
The Labbe Law Than Offices, P.A.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Article I Address Changed to
319 Chematis street
SUITE 701
W.P.B. Fr 33401
REGISTERED AGENT ADDRESS
319 Chematis street
SUITE 701
WPB, FL 33401
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
'

(continued)

The date of each amendment(s) adoption: 1219 200# -
Effective date if applicable: 1 15 200 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tennifel Lable (Typed or printed name of person signing)
(Title of person signing)

FILING FEE: \$35

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDH
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Jennike Labbe P.A. Charged to "the Labbe
2. The principal office address: 3/9 Clematis Street Suite 70/
WPB, FC 33401
3. The mailing address (if different): Samo
4. Date of incorporation/qualification: 1/9/02 Document number: P020000427
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
1803 S. Australian Ave.
Suite F
WPB, FC 33409
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jennike Labbe, Boure
319 Chematis street Suite Fol
(P.O. Box NOT acceptable) WB, F1, 3340 1
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Jennifer Labe President
Ilbereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) 12/19/89
If signing on behalf of an entity:
Ennifer Lable
"Tymed or Printed Name)

* * * FILING FEE: \$35.00 * * *