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COR AMND/RESTATE/CORRECT OR O/D RESIGN JEBCO OF NWFL, INC.

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JUN 0 6 2017

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COVER LETTER

TO: Amendment S Division of Co		•	
NAME OF CORP	ORATION: Jebco of NWFL, I	nc.	
DOCUMENT NU	P02000007121		
The enclosed Artic	les of Amendment and fee are sa	abmitted for filing.	
Please return all con	rrespondence concerning this ma	itter to the following:	
	P. Michelle McGee, Esq.	·	
		Name of Contact Perso	n
	Fleet & Smith		
		Firm/ Company	
	1283 Eglin Parkway, Suite A		
	*****	Address	
	Shalimar, FL 32579		
	•	City/ State and Zip Cod	е
mi	chelle@fleetsmithlaw.com		
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	`	·	•
For further informa	tion concerning this matter, pleas	se oall:	
Patty Register		at (850) 651-4006
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee .	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ā D P.	Iniling Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Jun. 5. 2017 1:48PM

No. 0660 3

Articles of Amendment to Articles of Incorporation of

Jebco of NWFL, Inc.	
(Name of Cornoration as cur	rrently filed with the Florida Dept. of State)
P02000007121	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporatio	<u>)n:</u>
·	The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office ad	<u>.aress:</u>
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	, Plorida
	(City) (Zip Code)
•	
low Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	
The same state of the same same same same same same same sam	
	•
Signature of N	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)

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 Job	m Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	•
X Add	SV Sal	ly Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P, D, S	Johannes E. Hohl	133 Crane Street
Add			Panama City Beach, FL 32413
Remove			
2) X Change	VP, D	Sandra Gayle May	133 Crane Street
Add			Panama City Beach, FL 32413
Remove			•
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add		•	
Remove			

	icles, enter change(s) here: (Be specific)			
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If an amendment provides for an exch provisions for implementing the amor (if not applicable, indicate N/A)	ange, reclassification, or eandment if not contained in	the argendment itself:		

The date of each amendment(s) adoption:	, if other than th
Effective date <u>if applicable</u> :	
(no more than 90 days after a	imendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of very by the shareholders was/were sufficient for approval.	otes oast for the amendment(s)
☐ The amendment(a) was/were approved by the shareholders through voting genust be separately provided for each voting group entitled to vote separate	
"The number of votes east for the amendment(s) was/were sufficient for	or approval
by	
The amendment(s) was/were adopted by the board of directors without share action was not required.	tholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	ler action and shareholder
Dated 31 MAY 2017	
Signature Johans E. Well	
(By a director, president or other officer - if directors as elected, by an incorporator - if in the hands of a re-	
appointed fiduciary by that fiduciary) Johnnes E. Hofil	
(Typed or printed name of perso	es signing)
Director	······································
(Title of nerson sign	une)