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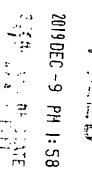
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: InTouch, Inc.		
DOCUMENT NUM	POZODITATOTA		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	John Jackson		
		Name of Contact Persor	1
	InTouch, Inc.		
		Firm/ Company	
	5036 Dr. Phillips Blvd, #222		
		Address	
	Orlando, FL 32819		
		City/ State and Zip Code	0
worl	dmailbox@aol.com		
	7.5	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
John Jackson		at (⁴⁰⁷	467-1500
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	nendment Section vision of Corporations D. Box 6327 Bahassee, FL 32314	Amend Division The C 2415 f	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, F1, 32303

Articles of Amendment to Articles of Incorporation

of

InTouch, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P02000101916	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amenda its Articles of Incorporation:	nent(s) to
A. If amending name, enter the new name of the corporation:	
Jackson Builders, Inc. The ne	?1t'
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the world-inchartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2019 DEC -9 PH 1:58
D. 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 address:	w.
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: , Florida (Zip Code)	-
αιή (ωρ τομε)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position. Signature of 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		-	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			****
4) Change			
Add			********
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or additional she</u> (Attach additional she	ng additioners, if nec	onal Articles, enter change(s) here: cessary). (Be specific)	

	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	<u>stares,</u> <u>If:</u>
	
	
Page 3 of 4	
The date of each amendment(s) adoption:	
The date of each amendment(s) adoption:	, it other than th
Effective date if applicable: (no more than 90 days after amendment file	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required.	opted by the incorporators without shareholder action and shareholder
DatedSignature	Calul Tarken
(By a) select	firector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands or a receiver, trustee, or other court sted fiduciary by that fiduciary)
	John Jackson
	(Typed or printed name of person signing)
	President, Director
	(Title of person signing)