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JUL 22 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

· · · ·

NAME OF CORPORATION:	JAMES ROSS, INC
DOCUMENT NUMBER:	103000016500
The enclosed Articles of Amendr	nent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
NEIL ROS	SS
	Name of Contact Person
JAMES R	OSS, INC
	Firm/ Company
1180 SW [36TH AVENUE, STE 101
	Address
POMPAN	O BEACH FL 33069
	City/ State and Zip Code
NEIL@JAMESI	ROSSADVERTISING.COM
E-ma	il address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 NEIL ROSS
 at (954)
 974-6640

 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:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JAMES ROSS, INC

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

P03000016500

(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:

A. If amending name, enter the new name of the corporation:

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 word "chartered," "professional association," or the abbreviation "P.A."

 Enter new principal office address, i 	if applicable:	
Principal office address <u>MUST BE A St</u>	TREET ADDRESS)	
1		
Enter new mailing address, if applie	cable:	
(Mailing address <u>MAY BE A POST (</u>	<u>DEFICE BOX</u>)	
		97. 7
		2. • · · · · · · · · · · · · · · · · · ·
new registered agent and/or the new	d/or registered office address in Florida, enter registered office address: ANTHONY G COLEMAN, JR	
	2151 W HILLSBORO BLVD, STE 206	
	(Florida street address)	
New Registered Office Address:	DEERFIELD BEACH	, Florida 33442
	$(C(t_V))$	iZip Codes

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

PT John Doe

X Remove	<u>v</u>	Mike Jones	
<u>_X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	1)	JAMES POTTS	1180 SW 36TH AVENUE
Add			STE 101
X Remove			POMPANO BEACH FL 33069
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Reniove			

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

F. If an amendment provides for an 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)
100% OF STOCK SHARES ARE OWNED BY NEIL ROSS

The date of each amendment(s) a date this document was signed.	July 08, 2019 doption:	, if other than t
Effective date <u>if applicable</u> :		
······································	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable commentation of the second	not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) (flicient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
07/09/2019 Dated		
Signature_1	Ulan	
sciected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	•
1	NEIL ROSS	
-	(Typed or printed name of person signing)	·····
	DIRECTOR	

(Title of person signing)

____ __ __ __