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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: PDM Services, Inc	: .		
DOCUMENT NUMB				_
	of Amendment and fee are su	ibmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
		Barbara Fitzpatrick		
-		Name of Contact Person	1	
Guida & Jimenez, PA				
-		Firm/ Company		
		1302 W. Sligh Ave.		
_		Address		
Tampa, FL 33604				
-		City/ State and Zip Cod	e	
		mbf@guidajimenez.con	1	
	E-mail address: (to be us	sed for future annual report	notification)	⊶
For further information	concerning this matter, pleas	se call:		
Barbar	a Fitzpatrick	at (933-2336 de & Daytime Telephone Ni	
Name o	f Contact Person	Area Co	de & Daytime Telephone Ni	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	2019
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	2019 JUN 24 PM 3:
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifon	Address Iment Section on of Corporations Building executive Center Circle	21

Tallahassee, FL 32301

RECEIVED

Articles of Amendment Articles of Incorporation of

	PDM SERVIC	ES. INC.			
(Name of Corporat	ion as currently	filed with the Florida	Dept. of State)		
·	P030000169	32			
(Docu	ment Number of	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Floricits Articles of Incorporation:	la Statutes, this I	lorida Profit Corporati	on adopts the fo	llowing amendment	(s) to
A. If amending name, enter the new name of the c	orporation:				
		JRae Services	Inc.	The new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o, " "Inc," or "C	o". A professional col			
R. Enter new principal office address: if applicable	zı.*	3044 Red Oak Ct.			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Apt #105			
		Palm Harbor, FL 346	84		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)		3044 Red Oak Ct.		019:	
		Apt #105		٠,	·
		Palm Harbor, 34684		=======================================	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ess in Florida, enter the	name of the	Min: 21	ÿ
Name of New Registered Agent	James A. Jime	nez, CPA			
	1304 W. SI	igh Ave.			
	(Florida stre	et address)			
New Registered Office Address:	Tampa . Flo		. Florida 31	3604	
		City	,	(Zip Code)	

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.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PD	Peter J. Montana	3044 Red Oak Ct.
Add			Apt #105
Remove			Palm Harbor, FL 34684
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			 -
Remove			
6) Change			
Add			
Remove			

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: (7) not applicable, indicate V/4) N/A	E. If amending or adding additional Articles, enter change(s) here: (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/4) N/A	
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N/A	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	N/A
	•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file do	de)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"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 action was not required.	d shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
Dated	
Signature	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
Peter J. Montana	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<u> </u>

th.