P03000053414

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	·
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000261290070

10/14/14--01024--003 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: J B Processing, Inc.

Name of Corporation

DOCUMENT NUMBED.

03000053414

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:

Stacy Blum

Name of Contact Person

JB Processing, INC

Firm/Company

11654 Hackberry Street

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

SAB828@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Blum

561

436-4848

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JB. P	locessing Inc			
DOCUMENT NUMBER: POSCO	०० इउपाप			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	nter to the following			
StACY (24:10			
	Name of Contact Person			
·T a D	Ma ===			
$ \cup$ \cup \cup \cup	2005510g			
	Firm! Company			
4423	Linden Avenue			
	Address			
DO 1 BO	ach Gardens FL 33410			
TUP (T)	City/ State and Zip Code			
	only state and zip code			
SAB82	80 Aglicom			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas	se call:			
	1121- (1212			
STFICY Burn	1(Su) 430-4348			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
EF \$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) S52 50 Filing Fee			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tailahassee, FL 32314	2661 Executive Center Circle Tallahassee, Fl. 32301			
	1 41141143266, 1 15 22 30 1			

Z.q

Articles of Amendment to Articles of Incorporation of

J.B PROUSSING. TO	ve!
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
003-20- 53444	
PO3DOO 53414 (Document Number of Corporation (if)	(non)m)
(Document Notice) of Corporation (II)	Known
Pursuant to the provisions of section 607.1006 , Florida Statutes, this FI its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Curp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4423 Lindon Avenue
(Principal office address MUST RE A STREET ADDRESS)	Pasm Brach Gordens, 12 33410
	Legin piach partiens is 22110
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Munning underess MAT BE A FOST OFFICE NOA)	
	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered of fice address:	ss in Florida, enter the name of the
Name of New Registered Agent _ Stack	(ulm
Aume of the Automatical Automa	
<u> 4425 Grae</u>	O Prence
(rivializire)	(dual ess)
New Registered Office Address: Palm Deach	- Gardons, Florida 33410
(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the philipations of the position
1 Mar a	are some weaper one doing arrotte by the progress of
Alberty 12	
Signatufe of Nev Registered Ag	gent if changing

Page I of 4

address of each Officer (Attach additional sheet, Please note the officer's P = President; V = Vice Executive Officer: CFO held, President, Treasur Changes should be note a change, Affice Jones ie Mike Jones V as Remov	and/or Directors, if necessary) lirector title by the President: T= Ti — Chief Financia or, Director would in the following aves the corporat	being udded: firs: letter of the office title: reasurer; S= Secretary; D- Director; T ul Officer If an officer/director holds n in he PTD manner. Currently John Dow is listed a ion, Saily Smuh is named the V and S T	Read Prustee: C = Chairman or Clork: CEO = Chief nore than one title, list the first letter of each office is the PSF and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
Example: XChange	PT John I	<u>Joe</u>	
X Remove	Y Mike	Jones	
X Add	SV Sativ	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	mslp	JAMIC Blum	MUSY HACKbeeys
Add	,.		Parm Bearn Gordens, Ft 33410
Remove			
2) Change	P	StACY Blum	4423 Lindan Are
Add		, , , , , , , , , , , , , , , , , , , ,	Pagen Beach Gardens Fr
Remove			33410
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5; Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
☐ ∧dd			
Remove			·

;

Page 2 of 4

SPOINTED BURNET PLATE CZ 100

511555010

ach <i>additional si</i>	heets, if necessar,	y) (Be specij	fic)			
				· · · · · · · · · · · · · · · · · · ·		
			·			
					· · · · · ·	
						
			·			
			 -			
		-				<i></i>
		· · · · · · · · · · · · · · · · · · ·				
	·					
	···		<u> </u>	<u> </u>		
					~	
n amendmant r	provides for an e	velianna raeli	ssification ne	cuncellation e	l issued thores	
ovisions for imp	plementing the a	imendment if i	not contained	in the amendm	ent itself:	3
(O mor approved	ord, r investe ran	,				
						

Page 3 of 4

DI CC SACIAIGO BUIMO LA

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	_
Effective date if applicable:	<u></u> .
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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.	
Dated 10 23/14	
Signature Stary Be	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
<u> </u>	<u></u>
(Title of person signing)	

Page 4 of 4