P03000069700

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

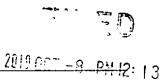
NAME OF CORPOR	RATION: JOBON, INC		
DOCUMENT NUME	P03000060700		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Name of Contact Person	1
		JOBON INC	
•		Firm/ Company	
		1070 Montgomery Rd #2	090
•	7.177-511	Address	
		Altamonte Springs, FL 32	2714
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
	·	·	,
or further information	concerning this matter, pleas	se call:	
		at (_)
Name o	f 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation \mathbf{of}

JOBON INC



(Name of Corporation as currently filed	with the Florida Dept. of State)
P03000069700	

P030000	69700
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1070 Montgomery Rd #2090
(Principal office address MUST BE A STREET ADDRESS)	Altamonte Springs, FL 32714
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1070 Montgomery Rd #2090
	Altamonte Springs, FL 32714
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre New of New Position A. Court.	
Name of New Registered Agent 1070 Montgomery Rd #2	2090
	street address)
New Registered Office Address:	, Florida
Nen Regimerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	<u>nt:</u> r with and accept the obligations of the position.
Signature of New	Revistered Avent, 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 Remove V Mike Jones X Add SV Sally Smith Type of Action Title Name Address	
Type of Action Title Name Address	
(Check One)	
1) Change P SUZANNE BURGESS 330 S Main Street	
Add Wildwood FL 34785	
X Remove	
2) Change TR KIRSTY MCDOUGALL 1070 Montgomery Rd #2	090
X Add Altamonte Springs F1. 32	:714
Remove	
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	-
5) Change	
Add	
Remove	
6) Change	
Add	
Remove	

If amending or adding additional Ar (Attach additional sheets, if necessary).	(Be specific)	•	
	<u>-</u> -		
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			<u>. </u>
If an amendment provides for an exc	shanna malacrification or	annoullation of issued sho) PGC
provisions for implementing the am	endment if not contained i	n the amendment itself:	216.54
(if not applicable, indicate N/A)			

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
1	10 more than 90 days after amendment file date)
Note: If the date inserted in this block does not locument's effective date on the Department of St	meet the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	reholders. The number of votes east for the amendment(s) roval.
	pareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes east for the amenda	uent(s) was/were sufficient for approval
by	
(votin _i	group)
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder action and shareholder
09-23-2019 Dated	
Signature (By a director, preside	nt or other officer – if directors or officers have not been
selected, by an incorp appointed fiduciary b	orator – if in the hands of a receiver, trustee, or other court that fiduciary)
KIRSTY MC	OOUGALL.
(T	ped or printed name of person signing)
TRUSTEE	

(Title of person signing)