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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Gary E Jenkins, In-	c	
	IBER: P03000130253		
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:	
	Gary Jenkins		
	- 	Name of Contact Pers	on
	Gary E Jenkins, Inc		
		Firm/ Company	
	1302 NW 12th St	• ,	
		Address	
	Cape Coral, FL 33993		
		City/ State and Zip Co	de
9ar7	'mm@hotmail.com		
	-	sed for future annual repor	rt notification)
For further informati	on concerning this matter, pleas	se call:	
Gary Jenkins		239	Sode & Daytime Telephone Number
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check	or the following amount made	payable to the Florida Dep	partment of State:
■ \$35 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 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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سمسواعاتها

Cary E Jenkins, Inc	THE MELARY OF STATE
(Name of Corporation as currently	
P03000130253	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Clorida 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 "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation of the abbreviation of the abbreviation of the abbreviation the
B. <u>Enter new principal office address, if applicable:</u> (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)	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the
Stane of New Registered Agent	
(Florida stre	1 address)
Non-Books and Coffee China	N . 1
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
	gistered 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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Dustin Jenkins	1302 NW 12th St
Add			Cape Coral, FL 33993
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			<u> </u>
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
			4.	
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			· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an excl provisions for implementing the ame	<u>iange, reclassification</u> indiment if not contain	i, or cancellation of red in the amendme	<u>issued shares.</u> int itself:	
(if not applicable, indicate N/A)				
		· · · · · · · · · · · · · · · · · · ·		•
· · · · · · · · · · · · · · · · · · ·				

	October 3, 2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The following group entitled to vote separately on the amen	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and s	hareholder
October Dated	3, 2017	
Signature	Brown El al	
Signature(By/	director, president or other officer – if directors or officers l	nave not been
s e fec	cted, by an incorporator – if in the hands of a receiver, trustee	, or other court
арро	sinted fiduciary by that fiduciary)	
	Gary E Jenkins	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	