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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JMK Vocational C	Consultants, Inc	·		
DOCUMENT NUM	BER: P04000009614				
	of Amendment and fee are so	ibmitted for fili	ng.		
Please return all corre	espondence concerning this ma	itter to the follo	wing:		
	Mark Tasso				
	 	Name of C	ontact Person	n	
	JMK Vocational Consultants	s, Inc.			
		Firm/ (Company		
	P.O. Box 4354				
		Ad	dress		
	Brandon, FL 33509-4354				
		City/ State :	and Zip Cod	· ·	
tasso	omj01@verizon.net				
	E-mail address: (to be us	sed for future a	nnual report	notification)	
For further information	on concerning this matter, pleas	se call:			
Mark Tasso		at (813	597-3559	
Name	of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the l	Florida Depa	irtment of State;	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ((Additiona enclosed)	Copy	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
	endment Section	Amendment Section			
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building		
Tall	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorporat	ior
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	Articles of Inc			
(Name	OCCU of Corporation as current	tional (0)	NS tak	Hs, Inc.
	P040000	sxa614		
		Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following	ig amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
n/a				The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	"Co". A professional corpo		
B. Enter new principal office address,	if applicable:	n/a		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
		<u> </u>		
C. Enter new mailing address, if appl		n√a		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
				
				
D. If amending the registered agent ar			ame of the	
new registered agent and/or the ne	w registered office address	<u>5:</u>		
Name of New Registered Agent			* 1 U	_
	ACI and In a second	reet address)		_
	n∕a	reer adaress)		
New Registered Office Address:		(City)	, Florida	Code)
			·	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ons of the position.	
			214	
			26	
	Signature of New I	Registered Agent, if changing	<u> </u>	- د طر _{ه د د} . -
			<u>\$</u>	
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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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	S	Joey Kilpatrick	P.O. Box 4354
Add			Brandon, FL 33509-4354
Remove			
2)Change	n/a		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
() Chann			
6) Change			
Add			-
Remove			

E. <u>If amendi</u> (Attach <i>ad</i>	ng or adding additions ditional sheets, if necess	d Articles, enter cha	inge(s) here:		
,					
2/9					
	•				•
					
					·
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<u> </u>			-		·
		· · · · · · · · · · · · · · · · · · ·			
. <u>If an ame</u> provisio	ndment provides for a ns for implementing th	<u>i exchange, reclassif</u> e amendment if not	<u>fication, or cancel</u> contained in the a	lation of issued sha mendment itself:	ares.
(if ne	н applicable, indicate N	7A)	tonum on the a	menencia in institu	
n/a					
/	 				
					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	October 20, 2018	
Effective date <u>if applicable</u> :		17
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this did Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendments sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	,,	
-	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
October Dated	20, 2018	
Signature	Mano	
sele	a director president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other couplinted fiduciary by that fiduciary)	
	Mark J. Tasso	
	(Typed or printed name of person signing)	
	Chief Executive Officer	
	(Title of person signing)	