## P05000063705

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C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JMS CONS	ULTING INC.			
DOCUMENT NUMBER: P05000063705	······································			
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning to	his matter to the following:			
SANJAY ARORA				
<del> </del>	Name of Contact Person			
JMS CONSULTING I	NC			
<del> </del>	Firm/ Company			
224 DATURA STEET	C, SUITE 1012			
	Address			
WEST PALM BEACH, FL 33401				
City/ State and Zip Code				
SANJAY@JMSINSURANC	ECONSULTING.COM			
_	be used for future annual report notification)			
For further information concerning this matter	r, please call:			
SANJAY ARORA	at ( 404-1777			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount	made payable to the Florida Department of State:			
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabasson FL 32314	Street Address Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JMS CONSULTING INC		
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
P05000063705		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the fo	ollowing amendment(s) to
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  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"Co". A professional corporation name "P.A."  224 DATURA STREET  SUITE 1012  WEST PALM BEACH, FL 33401	the abbreviation
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		
Name of New Registered Agent FINANCE & TECHNO	LOGY CONSULTANTS, INC	
224 DATURA STREET	Γ, SUITE 1012	
(Florida	street address)	·
New Registered Office Address: WEST PALM BEACH	, Florida	3401
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		sition.

## 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	SANJAY ARORA	224 DATURA STREET
X Add			SUITE 1012
Remove			WEST PALM BEACH, FL 33401
2) Change			
Add			
Remove			
3 ) Change			
<b>A</b> dd			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	•		- · · · · · · · · · · · · · · · · · · ·
Remove			

	y). (Be specific)
·	
provisions for implementing the ar	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
provisions for implementing the ar	mendment if not contained in the amendment itself:

•	JUNE 1ST 2016	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
_	E 1ST 2016	
Effective date if applicable:		
	(no more than 90 days after amendment file o	late)
<b>Note:</b> If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirent partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ador by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	eted by the board of directors without shareholder action an	nd shareholder
■ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and sh	narcholder
JUNE 1ST 2	2016	
Dated		
Signature(By a dir	ector, president or other officer - if directors or officers ha	ave not been
selected.	, by an vecorporator – if in the hands of a receiver, trustee,	or other court
appointe	d fiduciary by that fiduciary)	
	LEONARD R COHN	
-	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	