(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
\	,	· ·
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



500252712765

10/14/13--01004--024 **210.00

COVER LETTER

TO: Amendment Section Division of Corporations Jas Business Solutions Inc
NAME OF CORPORATION: JAS Interconnect Solutions Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RONALD SLOPPETFORE Name of Contact Person DBA Jas Business Solutions Jac Jac Interconnect Firm/ Company Solutions Jac Tour Mears Parkway Margare FL 33063 Address City/ State and Zip Code Ron p jas interconnect ocom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Run Scoppettone at 474, 475-0025
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Street Address Certified Copy (Address) Street Address
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	Florida Dept. of State)
P0600037887	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
- Company of the Comp	The new
name must be distinguishable and contain the word "corporati "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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	MARGATE FL. 33063
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MARGATE, FL. 33063
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent RONALD Sc ZOMOF Med (Florida si	reel address) MARSHIE FL 33063
New Registered Office Address: MARSATE	, Florida 33043 (Zip Code) 2
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	ti: with and accept the obligations of the positions
Signature of New Registered	Agent, if changing 45

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.

Evamples	ive, and saity sim	in, 57 as un Aua.	
Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	<u>B</u>	John A Scereso	PARKIAND FL- 33067
Remove 2) Change Add	ρ	RONALD Scoppernace	
Remove 3) Change Add	<u>VP</u>	RONALD SUPPRITONE	POHOF MANES PARKWAY MARSATE, FL 33063
Remove 4) Change Add			A
Remove 5) Change Add			13 OCT IL PH SECRETARY OF TALLAHASSES
Remove 6) Change			# 3 +5
Add Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
·	
7. 1-2 N	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(5	

The date of each amendment(s) ad late this document was signed.	option: [74(6, 19, 2015	, if other than th
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 ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(sficient for approval.	s)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholde pted by the incorporators without shareholder action and shareholder	
Dated	10/11/2013	
Signature		
şelected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other coured function by that fiduciary)	t
	ROVALD Scopperrone (Typed or printed name of person signing)	
	Pres. (Title of person signing)	
	(Title of person signing)	F BECRETAL LLAHA
		L E NARY C SSEE