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## **COVER LETTER**

TO: Amendment Section

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2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations J-Shelmont Enterprises, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert E. Messick, Esq. Name of Contact Person Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A. Firm/ Company 2033 Main Street, Suite 600 Address Sarasota, FL 34237 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941 ) 953-8114

Area Code & Daytime Telephone Number Robert E. Messick, Esq. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mniling Address Street Address Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

Tallahassec, FL 32314

## Articles of Amendment to . Articles of Incorporation of

J-Shelmont Enterprises, Inc.				
(Name o	of Corporation as currently	filed with the Florida Dept. of St	nte)	
P06000091243				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the	ne following	; amendment(s) t
A. If amending name, enter the new na	me of the corporation:			
	_			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation n		breviation
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>				<u></u>
C. Enter new mailing address, if appl	icable:			
(Mailing address MAY BE A POST	OFFICE BOX)			
		1009 Del Prado Blvd., S.		
		Cape Coral, FL 33990	<u> </u>	
D. (Paramentlare the availatement around a		and the 120-white and an about the manner of the		
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>		ss in Pioriun, enter the name of t	<u>ne</u>	N -1
Name of New Registered Agent	Troy J. Montpetit			[1]
Name of New Registered Agent	11729 Lady Anne Circle		工(6	S. D
	(Florida stre	et address)	83	. <b>လှ</b>
New Bestevent Office Addresses	Cape Coral	. Flori	33	4:
New Registered Office Address:	(	City)	Zip C	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligations of th	e position.	
The second secon				
( _				
				•
	Signature of New Re	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	<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
I) X Change	PST	TROY J. MONTPETIT	11729 Lady Ann Circle
Add			Cape Coral, FL 33991
Remove			
2) Change	P	Jay W. Montpetit	312 Bayshore Drive
Add			Cape Coral, FL 33914
X Remove			
3) Change	<u>v</u>	Michelle D. Montpetit	5032 SW 10th Ave
Add			Cape Coral, FL 33914
X Remove			
4) Change			
Add			
Remove			
5) Change	• • • • • • • • • • • • • • • • • • • •		
Add			
Remove			
6) Change			
_			
Add			
Remove			

E. If nuending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)	
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. If an amountment provides for an exch	anne, reclassifier	alba, or entrellation of issued shares.
provisions for implementing the amer	adment if not cor	itained in the amendment itself:
(if not applicable, indicate N/A)		
	***************************************	AND THE PARTY OF T
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The date of each amendment(s) adoption: December 15, 2015, if other than the date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  (by a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)  Michelle D. Montarit
(Typed or printed name of person signing)
(Title of person signing)