## P06000110017

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## COYER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: JBC DEVELOPM	ENT CO.				
DOCUMENT NUM	IBER: P06000110017					
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:				
	CHRIS A. BULLARD					
	Name of Contact Person					
		Firm/ Company				
	PO BOX 1733					
	Address					
	LAKE CITY, FL 32056					
	City/ State and Zip Code					
	AUDREYSBULLARD@AOL.COM					
	E-mail address: (to be us	sed for future annual report	notification)	တ		
For further informati	on concerning this matter, pleas	se call:		ECRETARY OF STAT		
CHRIS A. BULLARD		at (	755-4050	HAS		
Name of Contact Person		Area Co	de & Daytime Telephone Numbe			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	STATE , FL		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	1		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations In of Tallahassee I. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

JBC DEVELOPMENT CO.				
(Name o	of Corporation as current	ly filed with the Florid:	a Dept. of State)	
P06000110017				
	(Document Number of	of Corporation (if known		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the follo	owing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co" chartered," "professional association,"	Torp," "Inc." or "Co". a	A professional corpora	cated" or the abbrev tion name must co	viation "Corp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new	OFFICE BOX) id/or registered office add		he name of the	SECRETARY OF STAT
new registered agent and/or the nev	CHRIS A. BULLARD	<u> </u>		E ST 23
Name of New Registered Agent				건품 두
	(Florida et	reet address)		
	(2 10/ Mil 3)	CT HOW (SS)	534 - 1 I	
New Registered Office Address:		(City)	, Florida 	Zip Code)
New Registered Agent's Signature, if classification in the second state of the second	hanging Registered Agent ered agent. I am familiar	i <u>:</u> with and accept the obli	gations of the positi	on,
	J/s	Mulland	, 	
	Signature of New R	Registered Agent, if chan	ging	

Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

## 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> <u>Jo</u> l	<u>hn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DVST	BULLARD, AUDREY S.	PO BOX 1733
Add			LAKE CITY, FL 32056
X Remove			
2) Change	VD	Elizabeth Bullard McArdle	1910 SW SR 47
X Add			LAKE CITY, FL 32025
3) X Remove	PSTD	CHRIS A. BULLARD	1910 SW SR 47
Add			LAKE CITY, FL 32025
Remove			LAKE CITY, FL 32025 SECRET
4) Change			
Add			ASSET P
Remove			EE, FL
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			<del></del>
Remove			

The date of each amendment(s) adoption:	if other than the
date this document was signed.	<del></del>
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment fi	le date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
7/11/2024	
Dated	
Signature X/X	ellar -10 - T
(By a director, president or other officer – if directors or officers	chave not been ee. or other court
selected, by an incorporator – if in the hands of a receiver, trust	ec. or other court
appointed fiduciary by that fiduciary)	ラス 二 町
CHRIS A. BULLARD	chave not been ee. or other court
(Typed or printed name of person signing)	SECRETARY OF STATE
DIRECTOR	

(Title of person signing)