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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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NC Thems 11-5-08



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | N: JDS SERV | ICES, INC. | | |
|--|-----------------------------|--|-----------------------------|---|
| DOCUMENT NUMBER: <u>P</u> | 0700000609 | 1 | | |
| The enclosed Articles of Amer | ndment and fee a | are submitted for | r filing. | |
| Please return all corresponden | ce concerning th | is matter to the t | following: | |
| *************************************** | | NDA SHEPARI | | |
| | (Name | of Contact Person) | | |
| APA-141-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | EQUIPMENT | CO., INC. | · |
| | (Fi | rm/ Company) | | |
| | Р. | O. BOX 1135 | | - |
| | | (Address) | | |
| | | A, FLORIDA 32 | | |
| For further information concer | | State and Zip Code) , please call: | | |
| GLENDA SHEPARD | | at (<u>85</u> 0 |) 544-6 | 316 |
| (Name of Contact P | erson) | (Area | a Code & Daytir | ne Telephone Number) |
| Enclosed is a check for the fol | lowing amount r | nade payable to | the Florida D | epartment of State: |
| • | Filing Fee & cate of Status | \$43.75 Fi Certified (Addition enclosed | Copy al copy is | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Bu | nt Section f Corporation | |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2008

GLENDA SHEPARD IRONHORSE EQUIPMENT CO., INC. P. O. BOX 1135 HAVANA, FL 32333

SUBJECT: JDS SERVICES, INC. Ref. Number: P07000006091

We have received your document for JDS SERVICES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P990000027178.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 308A00054517

M. Thelma, -Dleinde Shepardivision HARIANTE OF SHARESTON BOOK

OF THE SHARESTON OF THE SH

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment to **Articles of Incorporation** of

FILED 2008 NOV -3 PM 5: 34

SECOUT ATE ORIDA

| JDS SEF | RVICES, INC. | TALLAHASSEE, FLO |
|--|---|---------------------------------------|
| | tly filed with the Florida Dept. of S | tate) |
| P0700 | 00006091 | |
| | er of Corporation (if known) | |
| , , , , , , , , , , , , , , , , , , , | | |
| Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorporate amendment (s) to its Articles of Incorporate amendment | | t Corporation adopts the |
| A. If amending name, enter the new name of the | he corporation: | |
| IRONHORSE EQUIPMENT CONTROL The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "I | Inc.," or Co.," or the designation | "Corp," "Inc," or |
| "Co". A professional corporation name association," or the abbreviation "P.A." | must contain the word "chartere | ed," "professional |
| B. Enter new principal office address, if applic (Principal office address MUST BE A STREET) | | |
| | *************************************** | |
| | | · · · · · · · · · · · · · · · · · · · |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | E BOX) | |
| | *************************************** | |
| | <u></u> | |
| D. If amending the registered agent and/or reg | | nter the name of the |
| new registered agent and/or the new registe | ereu omce address; | |
| Name of New Registered Agent: | | |
| _ | | |
| New Registered Office Address: | (Florida street address) | |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing | Registered Agent: | |
| I hereby accept the appointment as registered a | | ept the obligations of the |
| position. | | |
| | | |

Signature of New Registered 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)

| <u> Citle</u> | <u>Name</u> | Address | Type of Action |
|----------------------|--|--|--|
| • | | | |
| | *************************************** | | Add Remove |
| | | | ☐ Add☐ Remove |
| E. If amen | iding or adding additional Ar | ticles, enter change(s) here: | |
| (attach d | additional sheets, if necessary). | (Be specific) | ************************************** |
| -, ' '- ' | | | · _ = · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |
| | | | |
| F. Ifan a | mendment provides for an ex | change, reclassification, or cancella | ution of issued shares, |
| provis | ions for implementing the am not applicable, indicate N/A) | endment if not contained in the am | endment itself: |
| (<i>y</i>) | noi applicable, inalcate N/A) | | |
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| The date of each amendment(s) adoption: 10/01/08 |
|--|
| Effective date if applicable: 10/01/08 (no more than 90 days after amendment file date) |
| (no more than 90 days after amenament fite date) |
| 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. |
| Dated 10/09/08 Signature Sends Mepard |
| (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) |
| GLENDA Q. SHEPARD |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |