P0700008320

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: T. JARVIS, CORP	ORATION	
DOCUMENT NUME	BER: P07000008320		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Jomark Reyes		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact P	erson
	MyUSAcorporation.com		
		Firm/ Compan	v
	1 Radisson Plaza, Stew. 800		,
		Address	
	New Rochelle, NY 10801		
· ·		City/ State and Zip	Code
tianvi	scorp444@gmail.com		
	E-mail address: (to be us	ed for future annual re	port notification)
	· ·		,
For further information	n concerning this matter, pleas	e call:	
Jomark Reyes		877 at (330-2677
Name o	of Contact Person		a Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida	Department of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certificate of Status
	ling Address		reet Address
	endment Section	Amendment Section	
	sion of Corporations	Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

	f Amendment to
	Incorporation of
T. JARVIS, CORPORATION	ently filed with the Florida Dept. of State)
(Name of Corporation as curre	ently filed with the Florida Dept. of State
P07000008320	A CANADO
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, the Articles of Incorporation:	ais Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	27524 Cashford Circle Suite 102
(Principal office address MUST BE A STREET ADDRESS)	Wesley Chapel, Florida 33544
<i>:</i>	·
C. Enter new mailing address, if applicable:	27524 Cashford Circle Suite 102
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Wesley Chapel, Florida 33544
	Trestey Chapet Florida 333 F
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	<u>'ess:</u>
Name of New Registered Agent	
	a street address)
(Florida	
(Florida New Registered Office Address:	(City) , Florida (Zip Code)

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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· 	
··-·	
f an amandmant provides for an eval	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/13/20	18	
DatedSignature	Jon h	
(By a	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other coninted fiduciary by that fiduciary)	
	TREVOR P JARVIS	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	