

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(,	,
(Do	cument Number)	
(50	ourneme (turnbor)	
Cartinal Cautan	O - 4151 - 44 - 4	
Certified Copies	Centricates	s or Status
Special Instructions to	Filing Officer:	
·	-	

Office Use Only



800306651628

12/14/17--01009--002 **35.00

2117 DEC 14 P \$6 09

DEC 1.5 2017 T. LEADERY



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	N INC		
DOCUMENT NUMBI	ER:		- M. 1887-	
	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		JAMES E JENKINS		
_		Name of Contact Person	11	
	,	JENKINS & SON INC		
_		Firm/ Company		
		654 SW 1ST ST		
 -	· 	Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	BELLE GLADE, FL 33430			
-		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
JAMES E JENKINS		at (de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	utment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address Idment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JENKINS & SON INC

(Name of Corporation as currently filed with the Florida Dept. of State) P08000028111 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co., " or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A," B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) _, Florida_ New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos 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 Doc	
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
1) Change	S	THOMAS MARVIN LEON	621 SW 11TH STREET
X Add			BELLE GLADE, FL 33430
Remove			
2) Change			
Add			
Remove			,
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramove			

amending or adding additional sheets, if nec	cessary). (Be specific,)		
	· · · · · · · · · · · · · · · · · · ·			<u> </u>
				
	<u> </u>			
<u> </u>				·
				•
un amendment provides for	r an exchange, reclassi	fication, or cancella	ition of issued sha	res.
rovisions for implementing	the amendment if not	contained in the an	nendment itself:	
(if not applicable, indicate	e N/A)			
				

* ' ' •		
The date of each amendment	MARCH 18, 2008	, if other than the
date this document was signed		
Difference date if applicable	DEC 08, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	•
	08, 2017	
DatedSignature	James 6 Jeller	
	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ppointed fiduciary by that fiduciary)	
	JAMES E JENKINS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	