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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ONE COLL JOY JOS.				
DOCUMENT NUMBER: POB80000 3958.2				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
7633 Dale Hurst Prive South				
Dre Call Jax Frc. Address				
Sucksonilille Sporido 322. City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (904) 674-5101 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$2\$43.75 Filing Fee & \$2\$43.75 Filing Fee & \$2\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) \$2\$43.75 Filing Fee & \$2\$52.50 Filing Fee & \$2\$643.75 Filing Fee & \$2\$643.7				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

One Call Jax Inc.	2020 SEP -8 PM 4: 28
POB800003 POB800003	SECRETARY OF STATE TALLAHASSEE, FL er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>i</u>
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1633 Dale Hurst Dr.S.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Porido 32277 7633 Dale Hurst Dr S. Jacksonville, Porida 32277
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent Joseph C	. Braddy
	Hurst Drive South a street address) Hurst Drive South South Construction of the South (City) (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agentereby accept the appointment as registered agent. I am familia	ent: iar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing

Check if applicable

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

f 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: $D=President;\ V=Vice\ President;\ T=Treasurer;\ S=Secretary;\ D=Director;\ TR=Trustee;\ C=Chairman\ or\ Clerk;\ CEO=Chief$ 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>John Doe</u> X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith <u>Title</u> <u>Address</u> Type of Action Name 1 Check One) Joseph C. Braddy Change __<u>X__</u> Add Remove 423 Emma Rd-A ≥ Change Asheville 11.C.28806 ___ Add Remove 3) ____ Change Add __ Remove Change __ Add Remove Change Add Remove

Change

___ Add

____ Remove

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
* **	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) adoption date this document was signed.	n: August 24, 3020	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departm	loes not meet the applicable statutory filing requirements, thent of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendant for approval.	nent(s)
	by the shareholders through voting groups. The following st voting group entitled to vote separately on the amendment(s).	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
splected, by a	president or other officer – if directors or officers have not to in incorporator – if in the hands of a receiver, trustee, or other uciary by that fiduciary)	
<u> </u>	(Typed or printed name of person signing)	
	(Title of person signing)	