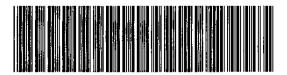
## P09000014562

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500210662745

08/08/11-01003--031 \*\*52,50



N.C.
C.COULLIETTE

AUG 17 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: $JB$	CORPORATE SERVICES INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
JOHN C	LARKINSON Name of Contact Person
JB CORPO	PIRATE SERVICES INC
434 77 th	Address
	City/ State and Zip Code
E-mail address: (to be use	PABAY. RR. COM. ed for future annual report notification)
For further information concerning this matter,	please call:
JOHN C LALVINSON Name of Contact Person	at ( 727 ) 363 - 7763  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade 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 is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



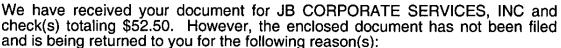
## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2011

JOHN C. LARKINSON JB CORPORATE SERVICES, INC 434 77TH AVE ST PETE BEACH, FL 33706

SUBJECT: JB CORPORATE SERVICES, INC

Ref. Number: P09000014562



You must select only one block to check on the last page of the form to indicate the manner of adoption. You have two blocks checked. I tried to call but no answer and no way to leave a message.

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) 245-6903.

Letter Number: 511A00018561

Cheryl Coulliette Regulatory Specialist II INC and peen filed

## Articles of Amendment to Articles of Incorporation of

J B Corpora	ate Services, Inc		
(Name of Corporation as curren	ntly filed with the Florida	Dept. of State)	
P090	00014562		
(Document Numb	per of Corporation (if know	/n)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Flo	orida Profit Corporation ad	opts the following
A. If amending name, enter the new name of t	the corporation:		
OnLine	e Waiters, Inc		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	lesignation "Corp," "Inc,"	" or "Co". A professional	ed" or the corporation
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			<del></del>
West of the state			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u> )		_
D. If amending the registered agent and/or reg new registered agent and/or the new register		Florida, enter the name of	<u>the</u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street add	dress)	11 AUI SECIU TALLA
_	(City)	, Florida (Zip Code)	FILED  11 AUG 17 AM 9: 03  SEUKL TWANT OF STATE POSITION PROPERTY OF STATE POSITION PROPERTY OF STATE PROPERTY OF STATE PROPERTY OF STATE
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	d accent the obligations of th	a nontraction of
			Position PATE
Sigi	nature of New Registered A	Igent, if changing	$\boldsymbol{\mathcal{V}}$

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) **Title** Name Address Type of Action ☐ Add ☐ Remove \_\_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: August 12, 2011
Effective date if applicable:	August 12, 2011 (date of adoption is required)
	(no more than 90 days after amendment file dute)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
Dated_Aug	ust 12, 2011
Signature	April
	a director, president of ther officer — if threctors or officers have not been ected, by an incorporator — if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	John C Larkinson
	(Typed or printed name of person signing)
	President
	(Title of person signing)