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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2009

ANGELA R. GRIFFIN JAT ONE GROUP, INC. 1059 E. BRANDON BLVD BRANDON, FL 33511

SUBJECT: JAT ONE GROUP INC Ref. Number: P09000075854

We have received your document for JAT ONE GROUP INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 109A00033231

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inisian of Cornerations - P.O. BOX 6397 - Tallahassee, Florida 39314

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ______ JAT ONE GROUP, INC.

DOCUMENT NUMBER:

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The enclosed Articles of Amendment and fee are submitted for filing. Articles of Amendment and fee are submitted for

Please return all correspondence concerning this matter to the following:

ANGELA R. GRIFFIN

Name of Contact Person

JAT ONE GROUP, INC.

Firm/ Company

1059 E. BRANDON BLVD

Address

BRANDON, FL 33511

City/ State and Zip Code

	Joe@ Duick Quote Mortgase. Net	
et a set a s	E-mail address: (to be used for future annual report notification)	in in i

	ANGELA R. GRIFFIN Name of Contact Person	at (813657 Area Code & Daytime Telepl	• • · · -·	- 1907
Enclosed is a	check for the following amount mac	le payable to the Florida Departm	ent of State: 1. 2010 and the and	d.,
⊘ \$35 Filing Fe	ee S43.75 Filing Fee & Certificate of Status			<u>1</u> 041 2014
- Amer Divis P.O. I	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		·

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JAT (ONE GROUP, INC.	2009 OCT 28 PM	111:28
(Name of Corporation as c	ONE GROUP, INC. currently filed with the Florida 1 P09000075854	Dept. of State) TARY UF	
F	P09000075854	ASSEE, FL	ORIDA
	Number of Corporation (if known	•	
Pursuant to the provisions of section 607 amendment(s) to its Articles of Incorporation		ida Profit Corporation ac	
A. If amending name, enter the new nam	ne of the corporation:		
			The new
C. <u>Enter new mailing address, if applic</u> (Mailing address <u>MAY BE A POST O</u>			
	<u>FFICE BOX</u>)	Florida, enter the name o	 f the
(Mailing address <u>MAY BE A POST O</u>	/or registered office address in 1		
(Mailing address <u>MAY BE A POST O</u> D. <u>If amending the registered agent and</u>	/or registered office address in 1		
(Mailing address <u>MAY BE A POST O</u> D. <u>If amending the registered agent and</u> <u>new registered agent and/or the new</u> <u>Name of New Registered Agent</u> :	/or registered office address in 1		
 (Mailing address <u>MAY BE A POST O</u>) D. <u>If amending the registered agent and</u> <u>new registered agent and/or the new</u> 	<i>FFICE BOX</i>)	lress)	
(Mailing address <u>MAY BE A POST O</u> D. <u>If amending the registered agent and</u> <u>new registered agent and/or the new</u> <u>Name of New Registered Agent</u> :	<i>FFICE BOX</i>)		
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(Mailing address <u>MAY BE A POST O</u> D. <u>If amending the registered agent and</u> <u>new registered agent and/or the new</u> <u>Name of New Registered Agent:</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if cha</u>	FFICE BOX //or registered office address in I registered office address: (Florida street add (City) anging Registered Agent: red agent. I am familiar with and	Iress) , Florida (Zip Code) Laccept the obligations of	the position. + ++++++++++++++++++++++++++++++++++
(Mailing address <u>MAY BE A POST O</u> D. <u>If amending the registered agent and</u> <u>new registered agent and/or the new</u> <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if cha</u>	FFICE BOX //or registered office address in l registered office address: (Florida street address) (City) anging Registered Agent:	Iress) , Florida (Zip Code) Laccept the obligations of	

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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:

<u>'itle</u>	Name	Address_	<u>Type of Action</u>
SEC	ANGELA R. GRIFFIN	1059 E. BRANDON BLVD BRANDON, FL 33511	[2] Add [2] Remove
 The second second			[] Add [] Remove [] Add
			Remove
. If amendi	n <u>g or adding additional Articles, enter (</u>	change(s) here:	
	ng or adding additional Articles, enter ditional sheets, if necessary). (Be specified on the specified of th		
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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Page 2 of 3

The data of each amondment(s) adoption: OCTOBER 13, 2009	
* v *	(date of adoption is required)	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
· ·	(no more than yo days after amenament file allo)	
Adoption of Amendment(s)	(CHECK ONE)	
by the shareholders was/wer	• -	
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The foll for each voting group entitled to vote separately on the amen	llowing statements and which the out dment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
- ((voting group)	
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action	and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and	shareholder
Dated OCTO	DBER 13, 2009	
	Miniz	
Signature 4	a director, president or other officer – if directors or officers ha	we not been
selec	ted, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	
1.4. 19. s.	(Typed or printed name of person signing)	
	(Typed of printed name of person signing)	· , · · · · · · · · · · · · · · · · · ·
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