

PO9000079089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

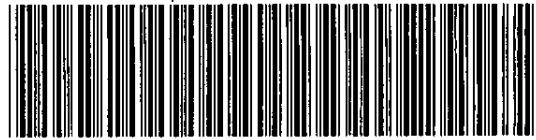
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

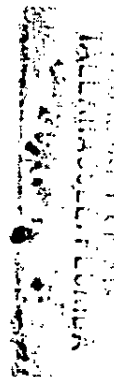
Special Instructions to Filing Officer:

Office Use Only



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12/06/16--01029--004 **52.50



DEC 08 2016

C. LEMIEUX

TRANSAMERICAN TITLE & SETTLEMENT SERVICES

101 EAST PALMETTO PARK ROAD
BOCA RATON, FL 33432

TELEPHONE 561.922.3217
FACSIMILE 561.443.3469

E-MAIL: DESIRE@TRANSAMTITLE.COM

December 2, 2016

Florida Division of Corporation
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Filing for LLC

To Whom It May Concern:

Please see enclosed documentation to file the LLC and a check in the amount of \$52.50 for the filing fee, Certified Copy and Certificate of Status.

Also, enclosed is prepaid UPS envelope to return the Certified Copy and Certificate of Status.

Should you have any questions, please feel free to contact our office.

Very truly yours,
Transamerican Title & Settlement Services

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JP ENTERPRISES OF SWFL INC
DOCUMENT NUMBER: PO9000079089

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

Please return all correspondence concerning this matter to the following:

BRIAN WILSON

Name of Contact Person

Firm/ Company

1217 CAPE CORAL PKWY E #168

Address

CAPE CORAL, FL 33904

City, State and Zip Code

BWROOKIE 47at GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN WILSON

Name of Contact Person

at 239 471-9683

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made 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)

☒ \$52.50 Filing Fee
Certificate of Status
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
Chilton Building
2701 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

JP ENTERPRISES OF SWFL INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P69 0000 79089

(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:

The new 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)

1217 CAPE CORAL PKWY E

#168

CAPE CORAL, FL 33904

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1217 CAPE CORAL PKWY E

#168

CAPE CORAL, FL 33904

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

SHARI GARCIA

1705 COLONIAL BLVD # A-2

(Florida street address)

New Registered Office Address:

FT MYERS

(City)

Florida

33907

(Zip Code)

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 position.



Signature of New Registered Agent, if changing

FILED
2018 DEC -6 P 3:33
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|--------------------------|-------------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>JACQUELINE WILSON</u> | <u>4512 CORONADO PKWY</u> |
| <input type="checkbox"/> Add | | | <u>CC FL 33904</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>P</u> | <u>BRIAN WILSON</u> | <u>1217 CAPE CORAL PKWY E</u> |
| <input checked="" type="checkbox"/> Add | | | <u>#168</u> |
| <input type="checkbox"/> Remove | | | <u>CAPE CORAL FL 33904</u> |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

JACQUELINE WILSON AGREES TO ASSIGN
100% OF SHARES AND OWNERSHIP TO
BRIAN WILSON PER DIVORCE DECREE

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 amendment(s) adoption: _____
date this document was signed.

11/28/16

if other than the

Effective date if applicable: _____

11/28/16

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

11/28/16

Signature _____

Jacqueline P. Wilson

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JACQUELINE P. WILSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)