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COVER LETTER

TO: Amendment Section

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Division of Corpo	rations		,	
NAME OF CORPOR	ATION: ALLISON JAMES	OF CALIFORNIA, INC.		
	P10000031711			
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
i	MATTHEW R CRUMBAUC	ЭН		
-		Name of Contact Person	n	
,	ALLISON JAMES OF CAL	FORNIA, INC.		
-	*- *-	Firm/ Company		
	2888 LOKER AVENUE E, S	STE 206		
-		Address		
(CARLSBAD, CA 92010			
-		City/ State and Zip Cod	e	
MCRU	JMBAUGH@AJICORPORA	ATE.COM		
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
JILL LEMONS		941 at (875-3585	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

ALLISON JAMES OF CALIFORNIA, INC.	annually filed with the Florida Dent of State)	
	currently filed with the Florida Dept. of State)	
P10000031711		
(Doc	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amenda	nent(s) to
A. If amending name, enter the new name of the	ation:	
	The no	?W
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or ti	rporation," "company," or "incorporated" or the abbreviation," or "Co". A professional corporation name must contain to viation "P.A."	on he
B. Enter new principal office address, if applical		-
(Principal office address <u>MUST BE A STREET Al</u>	(Σ)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I D. If amending the registered agent and/or registered registered agent and/or the new registered Name of New Registered Agent		
Name of New Registered Agent		
	lorida street address)	
New Registered Office Address:	. Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	ed Agent: familiar with and accept the obligations of the position.	

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: XChange	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	Address		
1) Change	VP	_	STEVEN DALE ROWE	913 ADORA CIRCLE		
Add				ROSEVILLE CA 95678		
X Remove						
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		.				
Add						
Remove						

	, if necessary). (Be s	specific)			
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an amendment provi	des for an exchange,	reclassification, or	cancellation of issue	d shares,	
	enting the amendmen	it if not contained in	n the amendment its	<u>eii:</u>	
rovisions for implem	inaicaie N/A)				
(if not applicable, i					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u></u>
(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 da document's effective date on the Department of State's records.	te will not be listed as the
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
7/31/2019 Dated	
Signature	<u></u> -
(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 courappointed fiduciary by that fiduciary)	l .
MATTHEW R CRUMBAUGH	
(Typed or printed name of person signing)	
PRESIDENT/CEO	
(Title of person signing)	<u></u>