

P100000040 823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

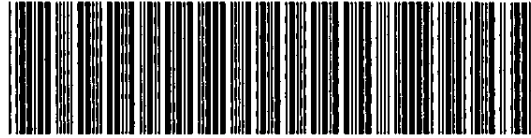
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 DEC 20 PM 4:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 20 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2012

ROBERT B. WILSON, JR.
THE INDEPENDENT BANKERS BANK OF FLORIDA
615 CRESCENT EXECUTIVE CRT, STE 400
LAKE MARY, FL 32746

SUBJECT: JBN REAL ESTATE, INC.
Ref. Number: P10000040823

We have received your document for JBN REAL ESTATE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete addresses for each officer/director listed. *done*

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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 012A00029410

Should you need anything further, please advise.

RECEIVED

12 DEC 20 AM 10:50

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JBN REAL ESTATE INC

DOCUMENT NUMBER: P10000040823

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

Please return all correspondence concerning this matter to the following:

ROBERT B. WILSON, JR

Name of Contact Person

THE INDEPENDENT BANKERS BANK OF FLORIDA

Firm/ Company

615 CRESCENT EXECUTIVE COURT, STE 400

Address

LAKE MARY, FL 32746

City/ State and Zip Code

BOB.WILSON@IBBFLA.COM

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

For further information concerning this matter, please call:

BOB WILSON

Name of Contact Person

at (407) 541-1628

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 20 PM 4 08

JBN REAL ESTATE, INC.

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

P10000040823

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

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>V</u> | <u>Nancy Shea</u> | <u>no longer with IBB</u> |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>V</u> | <u>Michael L. Williamson</u> | <u>615 Crescent Executive Ct #400</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Lake Mary, FL 32746</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>V</u> | <u>Kenneth D. Bowles</u> | <u>615 Crescent Exe Crt Ste 400</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Lake Mary, FL 32746</u> |
| <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)

Article IV - Bylaws (page 9) Section 5. President

OLD: The President shall be the President/Chief Executive Officer

NEW: The President shall be the President/Chief Operating Officer

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: December 5, 2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 December 5, 2012

Signature _____

(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)

Robert B. Wilson, JR

(Typed or printed name of person signing)

President/Chief Operating Officer

(Title of person signing)