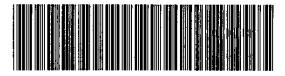
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Office Use Only



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2010 SEP 22 AM IO: 11
SECKETARY OF STATE

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SEP 23 2010

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORP	PORATION: GJ	R. VENTURES I	NC
	мвек: <u>Р 100</u>		
			
The enclosed Artic	tles of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
	GARY	JORDAN	
	N	ame of Contact Person	
		Firm/ Company	.
	1 60-	. (a.m	
		NCEN ST.	
		Audiess	
	ST AUGU	STINE RL 320	84
•	C	ity/ State and Zip Code	
	gary_jord E-mail address: (to be use	an eus. aflac.co d for future annual report notification)	М
	`		
For further informa	ation concerning this matter,	please call:	
TI	y HUBBARD	at (\$ 386) <u>585-</u> Area Code & Daytime Tel	0843
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment 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 A		Street Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
Division of Corporations		z or oorbornions	•

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



September 10, 2010

GARY JORDAN 1 SPENCER ST ST AUGUSTINE, FL 32084

SUBJECT: G.J.R. VENTURES, INC.

Ref. Number: P10000055571

We have received your document for G.J.R. VENTURES, 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):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown Regulatory Specialist II

,

Letter Number: 810A00021605

Articles of Incorporation	
Articles of Incorporation of OID SEP 22 AND INC. (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State)	
ATA NOTE THE	
(Name of Corporation as currently filed with the Florida Dept. of State ALLANA SSEE OF SECTION AND SECTION AND SSEE OF SECTION AND	
(Name of Corporation as currently med with the	
P10000055571	
(Document Number of Corporation (if known)	wing
(Document Number of Cosposation adopts the follow ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following the Arieles of Incorporation:	
resuant to the provisions of determinant to the provisions of the	
. If amending name, enter the new name of the corporation: The new	
. If amending name, enter the new The new The new	
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the bbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."	
l. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Little Am AN	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
of an address in Florida, enter the name of the	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and the second s	
Name of New Registered Agent: / SPENCER ST	
New Registered Office Address: (Florida street address)	1
New Registered Office Address: STAVBUSTINE (City) (City) (City) (Florida Siver address: (City) (City) (City)	,
I hereby accept the appointment as regions	
Signature of New Registered Agent, if changing	
Page 1 of 3	
·	

	coccs, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
(anach adamonal sneets, ij necessary).	(be specific)
	
F. If an amendment provides for an ex	change, reclassification, or cancellation of issued shares.
	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am	
provisions for implementing the am	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP,T	ROBERT M. JONE	5 1/250 OLD ST AUGUS #15-337	TAXAGE Remove
		JAX PL 32257	-
			_ □ Add □ Remove
			_ Li Kellove
-			_ 🔲 Add
			_ □ Remove
	ding or adding additional Articles, enter		
(attach ac	dditional sheets, if necessary). (Be spec	ific)	
			and the same
_			

F. If an ar	mendment provides for an exchange, re	classification, or cancellation of is	sued shares,
	ons for implementing the amendment if not applicable, indicate N/A)	not contained in the amendment	itself:
(0)			
-		MALL #2-899-1-1-1	

The date of each amendment(s) ac	loption: 8/24/20/D
	(date of doption is required)
Effective date if applicable:	more than 90 days after amendment file date)
(no	more man 90 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	ng group)
(voti	ng group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 8	24/2010
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
appointed	d fiduciary by that fiduciary)
_((Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Prosident
•	(Title of person signing)