Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000292460 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one cmail address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN JACOB MARINE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Mcnu

Corporate Filing Menu

Help

P+002	#5474 P	Æ,	i			,	5:49	2032 0
AGE I	PA			ALV/FING/DEL	24	305441002	13:15	18/2014
1 6	124.6	29	H14001					
· •	. — -,,, - .	•	•					
•	,			Amendment		,		
				eesporation				
2	,			r				
" G					JACOB MAP			
)		urrently filed with the	orporation as c	Name of C	
]				5745	P1000006			
	_			(if known)	Number of Corporation	(Document		
lment(s)	ing amendm	followir	ration adopts the	. Florida Frofit Corps	006, Florida Statutes, th	f section 607.10	provisions с	uant to the
`]			•	·	,		acorporation	
					ne of the corporation:	er the new pan	g name, ent	(<u>Camendin</u>
	1977		•					
iew ion	ne ne abbreviatio	or the o	"incorporated" o	on." "company," ar	in the word "corpora	able and conta	disting/rishe	e must be
<i>Ure</i>	i contain th	na musi	corporation nan	"Co". A professiona	tion "Corp," "Inc," or on," or the abbreviation	or the designa	," or Co.,"	rp.," "Inc.
}		±т	104 STREE		on, or the abareviation	gonai associai	a. projes	z Çnariere
]]		<u> </u>	104 STREE			fice address.		
				#F203	REET ADDRESS)	UNI DE ANI	:e aaaress <u>(y</u>	пстран од н
	_	156	ORIDA 33	MIAMI, FL				
		 ,						
			443291	P.O. BOX	Able:	dress, if applic BE A POST O	mailing ad	Enter new
		144	ORIDA 33	MIARAI FIL	(ABIC BVA)	DEALWALD	to ess 5 CV I	wanted to
	-		OINDA 33	1911/-11911, 17 L.				
			the same af the	inamin Marida anto	lan remistered office as	and ages and	a sha a aiss	i f amandin
11			THE HALLE OF DIE		registered office addr			
						istered Agent	of New Rec	Namo
						<u> </u>		
- 1				treet address)	(Florida	•		
			wer * 4.		,	AN . 4 Jahr.		
		Code)		y)	· C	ffice Address	egister: d O	Now F
}}		•	,- ,	•	12			
							•	
l				nt:	anging Registered Ago	ignature, if ch	d Agent's S	Registere
	L	osition	oligations of the p	with and accept the c	red agent. I am familio	lment as régiste	t the appoint	reby accep
- 11				Agent, if changing	nature of New Registere	Sign		
	<u>-</u>	Code)	the name of the	trees in Florida, entry is: trees address)	(Florida (C	istered Agent istered Agent ffice Address: ignature, if ch	ered agent s of New Region Registered O	Name Name Now A

Page I of 4

3054410824

ALV/FING/DELG

H140002924 60

				•	
address of each Officer (Attach additional sheets Please note the officer/di	and/or I , if neces irector tit	ircctor be sary) le by the fi	eing added: irst letter of the office til	le:	irector being removed and title, name, and
Executive Officer; CFG- held President, Treasur Changes should be noted a change, Mike Jones ha Mike Jones, V as Remove	= Chief er, Direct d in the fo aves the c	Financial or would t illowing m corporation	Officer. If an officer/d be PTD. anner. Currently John n, Sally Smith is named	irector holds more the Doe is listed as the Pi	istee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office it and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>¢</u>	,	·
<u>X</u> Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>\$Y</u>	Saily Sm	<u>nith</u>	•	·
Type of Action (Check One)	<u> Title</u>		Name		Address
1) Change					
Add					
Romove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change			•		
Add		_		***************************************	
Remove					
5) Change	<u></u> .				
Add					
Remove					
6) Change					
Add		_ _			
Remove					

ALV/FING/DELG

PAGE 04/10

H14000292460

	sheets, if necessary).	(Be specific)			
					
		·····			
		-			
					
		···	· · · · · · · · · · · · · · · · · · ·		
					
	t provides for an exc	hansa malaadiisa	tion or somethatic	n of immed charge	
orovisions for in	milementing the am	endment if not gon	tained in the orner	dmert itself:	a .
(Mare mare)	coble, indicate N/A)				
(y noi appiii			····-		· · · · · · · · · · · · · · · · · · ·
(у погарри					
(у посирры					
(у погарри					
(y not appril					
(y not appri					
(y not appril					
(у посирры					
(у пог арри					

12/18/2014 13:15 3054410024

ALV/FING/DELG

H14000292450

ate this document was signed.	
ffective date <u>if applicable</u> :	
	(no more shan 90 days after amendment file date)
loption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders vas/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	eroved 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 the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder
Dated 31_	D6.14
Signature	
Solucio	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, thustee, or other court ted fiduciary by that fiduciary)
	LAZARO JACOMINO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)