P/10000/4/80

| (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: Con uses drunner by selection can $9-2-4$ | | | | | | |
| 4-2-2-41 | | | | | | |

Office Use Only



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Amers

TALLAHASSEE, FLORIDA

V 6-12 01

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF COR | PORATION: | JCIM,INC. | | | | | |
|-----------------------------|--|---|---|--|--|--|--|
| DOCUMENT N | UMBER: | P11000014180 | | | | | |
| The enclosed Arti | cles of Amendment and fee s | are submitted for filing. | | | | | |
| Please return all c | orrespondence concerning th | is matter to the following: | | | | | |
| | | Marianne Chapin | | | | | |
| | 1 | Name of Contact Person | | | | | |
| | | JCIM, INC. | | | | | |
| | | Firm/ Company | | | | | |
| | | 90 Aqua Court | | | | | |
| | | Address | | | | | |
| | | myrna Beach, FL 32168 | | | | | |
| | C | City/ State and Zip Code | | | | | |
| | mchar E-mail address: (to be use | Din130@aol.com od for future annual report notification) | | | | | |
| For further inform | ation concerning this matter, | nlease cail· | | | | | |
| | - | - | 4-1910 | | | | |
| | of Contact Person | at (<u>386</u>) <u>31</u> Area Code & Daytime Tele | phone Number | | | | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Depart | ment of State: | | | | |
| 7] \$ 35 Filling 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 | | | | | |
| Amendmer | | Amendment Section | | | | | |
| | Corporations | Division of Corporations | | | | | |
| P.O. Box 6 | | | Clifton Building | | | | |
| Tallahasse | e. FL 32314 | 2661 Executive Center Circle | | | | | |

Tallahassee, FL 32301

SEP. 10. 2011 2:56AM

мо. 817 Р. 3

Articles of Amendment to Articles of Inco

| | to | |
|--|--|---|
| | Articles of Incorporation of | |
| • | 01 | FILED |
| | JCIM, INC. | 11 SEP 21 000 |
| (Name of Corporation as c | urrently filed with the Florida De | 71 SEP 21 PM 12: 10 |
| F | 11000014180 | TALLAHASSEE, FLORIDA |
| (Document | Number of Corporation (if known) | - FLORIDA |
| suant to the provisions of section 607, andment(s) to its Articles of Incorporation | | la Profit Corporation adopts the follow |
| (famending name, enter the new nan | ne of the cornoration: | |
| | | The new |
| reviation "Corp.," "Inc.," or Co.," or | r the designation "Corp," "Inc," or | mpany," or "incorporated" or the r "Co". A professional corporation abbreviation "P.A." |
| reviation "Corp.," "Inc.," or Co.," or e must contain the word "chartered," " Enter new principal office address, if incipal office address MUST BE A STI Enter new mailing address, if applica (Mailing address MAY BE A POST Q) If amending the registered agent and/new registered agent and/or the new pages and the new page | the designation "Corp," "Inc," of professional association," or the capplicable: REET ADDRESS) Able: FFICE BOX) for registered office address in Flo | r "Co", A professional corporation abbreviation "P.A." |
| reviation "Corp.," "Inc.," or Co.," or e must contain the word "chartered," " Enter new principal office address, if ncipal office address MUST BE A STI Enter new mailing address, if applications address MAY BE A POST Office address address MAY BE A POST Office address MAY BE A POST Office address | the designation "Corp," "Inc," of professional association," or the capplicable: REET ADDRESS) Able: FFICE BOX) for registered office address in Flo | r "Co", A professional corporation abbreviation "P.A." |
| reviation "Corp.," "Inc.," or Co.," or e must contain the word "chartered," " Enter new principal office address, if neipal office address MUST BE A STI Enter new mailing address, if applica (Mailing address MAY BE A POST Q) If amending the registered agent and/new registered agent and/or the new in the registered agent. | the designation "Corp," "Inc," of professional association," or the capplicable: REET ADDRESS) able: FFICE BOX) for registered office address in Floregistered office address: | r "Co", A professional corporation abbreviation "P.A." |
| reviation "Corp.," "Inc.," or Co.," or e must contain the word "chartered," " Enter new principal office address, if ncipal office address MUST BE A STI Enter new mailing address, if applica Mailing address MAY BE A POST Office address address address address and for the new in the main address and for the new in the main address address and for the new in the main address address and for the new in the main address address and for the new in the main address address and for the new in the main address addr | the designation "Corp," "Inc," of professional association," or the designation association, or the designation association as a second as | r "Co". A professional corporation abbreviation "P.A." |
| reviation "Corp.," "Inc.," or Co.," or le must contain the word "chartered," " Enter new principal office address, if incipal office address MUST BE A STI Enter new mailing address, if applica (Mailing address MAY BE A POST Q) If amending the registered agent and/new registered agent and/or the new in Name of New Registered Agent: | the designation "Corp," "Inc," or professional association," or the designation association, or the designation association as a second as | r "Co". A professional corporation abbreviation "P.A." |

| SEP. | 10. 2011 | 2:56AM | | | | | | | NO. 817 | ρ. |
|------|----------|--------|--|--|-------|---|--|--|---------|----|
| | | | | | _ | _ | | | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director penng removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

| Title | <u>Name</u> | Address_ | Type of Action |
|-------------|--|---|-------------------|
| Directo | Rose Traub | 2613 Chester Avenue New Smyrna Beach, FL 32168 | ☐ Add ☑ Remove |
| | | | ☐ Add ☐ Remove |
| <u></u> | | | ☐ Add ☐ Remove |
| | itional sheets, if necessary). (Be specifi | | |
| | | | |
| provision | ndment provides for an exchange, recla s for implementing the amendment if n applicable, indicate N/A) | | |
| Shares to b | e reissued to remaining two Directo | or/Officers at 50% each | |
| | | | |
| | · | | |
| | | | |
| | | | |

| Ad11 | NO. 817 P. 5 |
|--|---|
| (date of adoption is required) | |
| 8/8/1/ | |
| n 90 Hays after amendment file date | 1) |
| CHECK ONE) | |
| he shareholders. The number of voor approval. | otes cast for the amendment(s) |
| the shareholders through voting gr ng group entitled to vote separately | |
| endment(s) was/were sufficient for | approval |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | - |
| he board of directors without share | holder action and shareholder |
| he incorporators without sharehold | er action and shareholder |
| | |
| Carrie Roin | _ |
| sident or other officer - if directors | |
| orporator — If in the hands of a rece by by that fiduciary) | iver, trustee, or other court |
| Marianne Chapin | |
| yped or printed name of person sig | ining) |
| President- Director | |
| of person signing) | |
| | the shareholders through voting gray group entitled to vote separately endment(s) was/were sufficient for |