P11000022578

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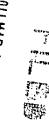


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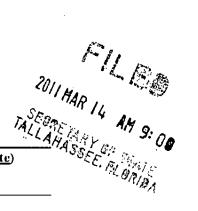
COVER LETTER

TO: Amendment Section.
Division of Corporations

NAME OF COR	PORATION:	JCRD Management Corpo	ration
DOCUMENT N	JMBER:	P11000022578	
The enclosed Arti	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		rry L, Johnson, CPA	
	Λ	Jame of Contact Person	
	Ter	ry L. Johnson, CPA	
		Firm/ Company	
	406 Greyford Lane		
		Address	
		elberry, Florida 32707	
	C	lity/ State and Zip Code	
-	cpat E-mail address: (to be use	lj@yahoo.com d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
Ten	ry L Johnson, CPA	at (407) 72 Area Code & Daytime Tele	21-4753
Name	e of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	ment of State:
	\$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		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	e

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



JCRD Management Corporation

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

P11000022578

(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:

ame must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "prof	designation "Corp," "Inc,"	or "Co". A professional corpo
b. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
. If amending the registered agent and/or renew registered agent and/or the new regis		lorida, enter the name of the
		lorida, enter the name of the
new registered agent and/or the new regis		

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
Pres	Joseph S Cicarelli	210 Crown Point Cir Ste 200 Longwood, Florida 32779	_
Pres	Joseph S Ciccarelli	210 Crown Point Cir Ste 200 Longwood, Florida 32779	_ ☑ Add _ ☐ Remove
			_ [] Add _ [] Remove
	ding or adding additional Articles, en		
(зпасн а	dditional sheets, if necessary). (Be sp	pecific) 	
provisio	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: March 11, 2011
Effective date if appl <u>icable</u> :	t(s) adoption: March 11, 2011 March 11, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
action was not required.	To adopted by the memperators without shareholder action and shareholder
	rch 11, 2011
Signature	y a director, president or other officer – if directors or officers have not been
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Joseph S Ciccarelli
	(Typed or printed name of person signing)
	President
	(Title of person signing)