**35.00

| (Requestor's Name) | |
|---|----------------------------------|
| (Address) | 000209666100 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) | 07/11/1101015014 **35 |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | ECHE IANY CHAIR LANG LANG FLORIS |
| | |

Office Use Only

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORP | ORATION: | JUSCAPS INC | _ |
|----------------------|--|---|-----------|
| DOCUMENT NU | NUMBER: P11000036134 | | |
| The enclosed Artic | les of Amendment and fee a | e submitted for filing. | |
| Please return all co | rrespondence concerning thi | matter to the following: | |
| _ | BE | NETT D GOLDEN | |
| | N | me of Contact Person | |
| | HSG | ACCOUNTING INC | |
| | | Firm/ Company | |
| | 1122 | FLORIDA AVENUE | |
| | | Address | |
| - | | I HAVEN, FL 32444 y/ State and Zip Code | |
| | | ACCOUNTING.COM | |
| | E-mail address: (to be use | for future annual report notification) | |
| For further informa | ation concerning this matter, | lease call: | |
| BEN | NETT D GOLDEN | at (850) 215-3093 | |
| Name | of Contact Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check | c for the following amount n | de payable to the Florida Department of State: | : |
| ☑ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Certified Copy (Additional copy is enclosed) ☐ Certified Co (Additional | of Status |
| Mailing Ad | | Street Address | |
| Amendmen | | Amendment Section | |
| | Corporations | Division of Corporations | |
| P.O. Box 6327 | | Clifton Building | |
| Tallahassee | . FL 32314 | 2661 Executive Center Circle | |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2011

BENNETT D. GOLDEN HSG ACCOUNTING INC 1122 FLORIDA AVENUE LYNN HAVEN, FL 32444

SUBJECT: JUSCAPS INC Ref. Number: P11000036134

Check# 10071

We have received your document for JUSCAPS INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 611A00016638

TECEIVED

11 JUL 29 AH 8: 13
SECRETARY OF STATE

Articles of Amendment to

| Α | rticles of Amendment | |
|---|-------------------------------------|--|
| Ar | to ticles of Incorporation of | Dept. of State) TALLAHASSE OF |
| JUSC | APS INC | 21/1/1/11 |
| (Name of Corporation as current | | Dept. of State) |
| P1100 | 00036134 | ALLAHASSE |
| | er of Corporation (if known | Dept. of State) TALLAHASSEE, FLORIDA |
| resuant to the provisions of section 607.1006, nendment(s) to its Articles of Incorporation: | Florida Statutes, this <i>Flori</i> | |
| If amending name, enter the new name of the | ne corporation: | |
| me must be distinguishable and contain the breviation "Corp.," "Inc.," or Co.," or the de me must contain the word "chartered," "profes | esignation "Corp," "Inc." | or "Co". A professional corporation |
| Enter new principal office address, if applic rincipal office address <u>MUST BE A STREET</u> | | • |
| Enter new mailing address, if applicable: | | |
| (Mailing address <u>MAY BE A POST OFFICE</u> | <u></u> | |
| If amending the registered agent and/or reg new registered agent and/or the new registe | | Florida, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street add | dress) |
| | (City) | , Florida (Zip Code) |
| ew Registered Agent's Signature, if changing the appointment as registered agents | Registered Agent: | , , |

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) Type of Action <u>Address</u> Title . . Name MURPHY, JAMES A 9223 AMANDA RD ☐ Add ☑ Remove SOUTHPORT, FL 32409 ARCHER, BILLY P S/T 2104 PEBBLE BEACH PLACE ☐ Add 32408 Ρ MURPHY, ANITA K ✓ Add 9223 AMANDA RD E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

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> - | - Name | Address | Type of Action |
|----------------|---------------------------------------|--|-----------------------|
| <u>VP</u> . | ARCHER, LINDA M | 2104 PEBBLE BEACH PLACE PANAMA CITY BEACH, FL 32408 | |
| | | | ☐ Add☐ Remove |
| | | | _ ☐ Add _ ☐ Remove |
| (anden du | ditional sheets, if necessary). (Be | specificy | |
| ., | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | e, reclassification, or cancellation of issent if not contained in the amendment | |
| | н аррисате, такие пла) | | |
| | п аррисате, такие пля | | |
| | п аррисате, такие пля | | |

| The date of each amendmen | t(s) adoption: <u>06/07/2011</u> |
|--|---|
| | 06/07/2011 (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(strere 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) |
| | (voting group) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated_06/0 | 07/2011 |
| Signature _ | ante K. Murch |
| (B) | a director, president or other officer - if directors or officers have not been |
| | ected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| арр | pointed fiduciary by that fiduciary) |
| | Anita K Murphy |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |