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SECRETARY OF STATE
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JUN 14 2012 T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Journey Cre	ations Inc	
DOCUMENT NUMBER: P11000081342		, , , , , , , , , , , , , , , , , , ,
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Rhonda Boucher		
	Name of Contact Person	
Journey Creations	Inc	
****	Firm/ Company	
1203C NW 16th A	ve	
	Address	
Gainesville, FL 326	601	
	City/ State and Zip Code	;
Rhonda@journeycrea	tions com	
E-mail address: (to be used		notification)
		,
For further information concerning this matter, please	call:	
Rhonda Boucher	at (904	563-6687
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
\$35 Filing Fee \$35 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Journey Creations Inc		
(Name of Corporation as	currently filed with the Florida Dept, of Sta	ite)
P11000081342		
(Documen	t Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corp	poration adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	•
		The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal		r "incorporated" or the abbreviation nal corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A ST		A 1
		·
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE BOX	
	· 	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, en	ter the name of the
Name of New Registered Agent	Rhonda Boucher	
Name of New Registered Agent	1203C NW 16th Ave	
	(Florida street address)	
New Registered Office Address:	Gainesville	, Florida 32601
	(City)	(Zip Code)
		FCR T
New Registered Agent's Signature, if c		e obligations of the position.
I hereby accept the appointment as regist	ered agent. I am familiar with and accept the	obligations of the position.
· ————————————————————————————————————		
Si	gnature of New Registered Agent, if changing	OR H

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change	Р	Rhonda L Boucher	1510 NW CR 235
Add Remove			Newberry, FL 32669
2) X Change Add Remove	<u>v</u>	Vicki L Walden	1510 NW CR 235 Newberry, FL 32669
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)				
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		•			
an amendment provides for an exch	nange, reclassifica	tion, or cancel	lation of issue	d shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not co	ntained in the a	mendment its	self:	
(y not applicable, indicate 1471)					
				1.20***	

The date of each amendment(s)	adoption: 06/07/2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	at for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	16/07/2012 Morde Buch
Signature	Monde & Buch
(By a	director, president or other officer - if directors or officers have not been
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other court
арро	inted fiduciary by that fiduciary)
	Rhonda Boucher
	(Typed or printed name of person signing)
	President
	(Title of person signing)