P11000101308

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C. GOLDEN

DEC - 4 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Jane Doe Inc			
DOCUMENT NUMB				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	AnnMarie Cipriano-Phillips			
		Name of Contact Persor	1	
	Jane Doe Inc			
		Firm/ Company		
	14900 Corklan Branch Circle	e		
•	Address			
	Jacksonville FL 32258			
•		City/ State and Zip Code	<u>e</u>	
amcw	hd@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
AnnMarie Cipriano-Phillips		904 at (485-2893	
Name o	f Contact Person	at (904) 485-2893 Area Code & Daytime Telephone Num		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:	
S35 Filing 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)	
Ame Divis P.O.	ing Address Induction Section Induction of Corporations Box 6327 Induction of Corporations Induction of Corporations	Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

(Name o	f Corporation as current	tly filed with the Florida I	Dept. of State)
P11000101308			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006. Florida Statutes, this	Florida Profit Corporatio	n adopts the following amendment
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ttion "Corp," "Inc," or	"Co". A professional cor	orporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Jane Doe Inc	
		1027 Park Street	
		Jacksonville FL 32204	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Jane Doe Inc c/o AnnMarie Cipriano-Phillips	
		14900 Corklan Branch Circle	
		Jacksonville FL 32258	
D. If amending the registered agent and new registered agent and/or the new			name of the
Name of New Registered Agent	AnnMarie Cipriano-Philli	ips	
	14900 Corklan Branch Circle		.
	(Florida sı	reet address)	·
New Registered Office Address:	Jacksonville		, Florida 32258
		(City)	(Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	: Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Officer	Alecia Santilippo	1027 Park Street
Add X Remove			Jacksonville FL 32204
2) Change Add			
Remove 3) Change			
Add			
4) Change			
Remove			
5) Change Add		<u></u>	
Remove			
6) Change Add			
Remove			

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	change reclassificatio	un ar cancellation of is	cuad charac	
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provisions for implementing the am	endment if not conta	ined in the amendmen		

• •	October 1	2019	
The date of each amendment(s) a	doption:		, if other than the
date this document was signed.	-h 1 2010		
Effective date <u>if applicable:</u>	ober 1 2019		
<u></u>	(no m	ore than 90 days after amendment file date)	
Note: If the date inserted in this lead to the Document's effective date on the Document.		the applicable statutory filing requirements, trecords.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ()	<u>NE</u>)	
■ The amendment(s) was/were add by the shareholders was/were st		lders. The number of votes east for the amenda.	nent(s)
		olders through voting groups. The following structured to vote separately on the amendment(s)	
"The number of votes cast	for the amendment(:	s) was/were sufficient for approval	
by			
	(voting gro	φ)	
☐ The amendment(s) was/were addaction was not required.	opted by the board o	f directors without shareholder action and share	cholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorpo	rators without shareholder action and sharehold	ler
October 1,	2019		
DatedSignature			
selecte		other officer – if directors or officers have not r – if in the hands of a receiver, trustee, or othe fiduciary)	
	AnnMarie Cipriano	-Phillips	
	(Typed o	or printed name of person signing)	
	Mge	(10)	
		(Title of person signing)	