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COVER LETTER

Division of Corporations NAME OF CORPORATION: Jacque at the Gulf Coast Inc DOCUMENT NUMBER: P12000056368 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jacque Foltz Name of Contact Person Jacque at The Gulf Coast Inc Firm/ Company 2100 Calumet Street Ste 2 Address Clearwater, FL. 33765 City/ State and Zip Code jacquefoltz@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\frac{727}{\text{Area Code \& Daytime Telephone Number}} \,$ Michael J Westcott Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of

Jacque at the Gulf Coast Inc	
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P12000056368	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
D. Futur war winding office address if applicables	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED FEB -4 PH 1: 07
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	
(Florida stre	el address)
New Registered Office Address:	, Florida (Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered 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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	Gary Foltz	2429 Pine Hollow
$\frac{\mathbf{X}}{\mathbf{X}}_{Add}$			 East Lansing, MI
Remove			48823
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change	_		
Add			
Remove			

mon additional sheets, if hecessury,	y). (Be specific)
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an amendment provides for an ex rovisions for implementing the at	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A)	

The date of each amendment	(s) adoption: U1-3U-2U13				
Effective date if applicable:	01-30-2013				
(no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)				
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.				
	e approved by the shareholders through voting groups. The following statement d 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)				
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder				
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder				
Dated_01-	30-2013				
Signature	Secrel Fall				
	y/a director/president or other officer – if directors or officers have not been				
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)				
	Jacque Foltz				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				