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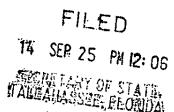
OCT \*3 2014 R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JACKSON 1	Process Service, Inc	
DOCUMENT NUMBER: P13000029	629	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Robert F Jacks	son	
	Name of Contact Person	
Jackson Proce	ess Service, Inc	
	Firm/ Company	
1108 E Lemon	St	
	Address	
Tarpon Springs	s, Florida  34689	
499444	City/ State and Zip Code	
bjax02@tampaba	v rr com	
E-mail address: (to be us	sed for future annual report notification)	
E-mail address: (to be us	sed for future annual report notification)	
E-mail address: (to be use For further information concerning this matter, please	•	
·	se call:	
For further information concerning this matter, please	•	
For further information concerning this matter, please  Robert F Jackson  Name of Contact Person	se call:  at (727	
For further information concerning this matter, please Robert F Jackson	se call:  at (727	

## **Articles of Amendment** to **Articles of Incorporation**



## Jackson Process Service, Inc

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

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nent(s) to

(Docume)	nt Number of Corpora	tion (if known)		<del></del> ·
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes	s, this <i>Florida Profit</i>	Corporation adopts the follo	wing amendn
A. If amending name, enter the new na	ame of the corporation	on:		
Penguin Pennies, Inc.	C .			The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,"	or "Co". A profe	o," or "incorporated" or the ssional corporation name m	e abbreviatio
B. Enter new principal office address,	if applicable:	same		
(Principal office address MUST BE A S	TREET ADDRESS )			
	,	4.		<del></del>
·				<del></del>
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		same		
(Muning numers MAT DE A 1 051	OFFICE BUA	•		<del></del>
•				
D. If amending the registered agent an			, enter the name of the	
new registered agent and/or the ne		ldress:		
Name of New Registered Agent	Same			
			•	•
	_	ida street address)		
New Registered Office Address:	Same		, Florida	
· · · · · · · · · · · · · · · · · · ·		(City)	(Zip Code)	1
				•
New Registered Agent's Signature, if c	hanging Degistered	A mamés		
I hereby accept the appointment as regist			t the obligations of the position	on.
11/4				
-/ <del>/ /// Si</del>	gnature of New Regist	ered Agent, if chang	ring	

## If amending the Officers and/of 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	sv	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<b>A</b>	ddress
1) Change			/_	
Add			/ -	······································
Remove			/ -	
2) Change				
Add			/ -	
Remove		/.	<del></del>	
3) Change		- <u> </u>	_	·
Remove		//.		
4) Change			***************************************	
Add .				
Remove		// .		to the second se
5) Change	·/			
Add			<del></del>	
Remove	./		<del></del>	
6) Change	/		**************************************	
Add /	/			
Remove			· .	

amending or adding ttach additional sheets	s, if necessary). (	Be specific)		
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an amendment prov provisions for implen	ides for an exchan	ge, reclassificatio	n, or cancellation o	f issued shares,
rovisions for implen	enting the amend	ment if not conta	ined in the amendm	ent itself:
(if not applicable,	inaicaie IV/A)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated September 22, 2014	
Signature (By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Robert F Jackson	
(Typed or printed name of person signing)	<del>.</del>
President	
(Title of person signing)	<del></del>