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SECRETARY OF STATE

C. LEWIS

JUL 2 9 2013

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corpo			,
NAME OF CORPOR	RATION: JASON	MICHAR M	IANNING, /nC
DOCUMENT NUME	BER: <u>P130000</u>	59692	
	of Amendment and fee are sub		
Please return all correspondence concerning this matter to the following:			
	TASON	M. MANN	5126
		Name of Contact Person	
	·	Firm/ Company	
	29656 L	15 HWY /	SN #202
	1.04.	Address	SN #202 3376(
	CLEMUM	City/ State and Zip Code	
	GARAGERA	as SAIEC D.	ADI. Com
	E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, please call:			
JASON	M. MANNI	U6 at (727	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 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)
	iling Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tall	lahassee, FL 32314		Executive Center Circle assee, FL 32301

•	Articles of Amendment	F	11 ~-
	to Articles of Incorporation	13.///	LED
JASON a	liCHAEL MAN	INING, TATOMETAR	PE AMID: 58
(Name of Corporation as curre	ntly filed with the Florida Dept. o	f State)	FE STATE
P 130	00059692		LORIDA
(Document Num	ber of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:	Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profe	," or "incorporated" or the o ssional corporation name must	abbreviation contain the
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			_
•			<u></u>
D. If amending the registered agent and/or renew registered agent and/or the new regis		, enter the name of the	
Name of New Registered Agent			
		•	
	(Florida street address)		
New Registered Office Address:		, Florida	
New Registered Office Address.	(City)	(Zip Code)	-
New Registered Agent's Signature, if changing	ng Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
Signature	e of New Registered Agent, if chang	ing	

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	<u>P</u>	MICHAEL M. MANNING	1966 HODEN LAKE PR PALM HANGON, FC 34683
Add			PALM HARBOR, FC 34683
Remove 2) Change	P	JASON M. MANNING	1966 HIDDEN LAKE DR PALM HARSON, PC 34683
Add			
3) Change			
Add			
4) Change	<u> =</u>		
Add Remove			
5) Change			
Add Remove			
6) Change Add			
Remove			

	(Be specific)
 	
	
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<u></u>	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ac	option:	, if other than th
date this document was signed.		13 mi - CED
Effective date if applicable:		JUL 26 AM 12
	(no more than 90 days after ame	ndment file date SECRETARY OF STATE FLORIDA
Adoption of Amendment(s)		
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes ficient for approval.	s cast for the amendment(s)
	roved by the shareholders through voting grou each voting group entitled to vote separately of	
"The number of votes cast	for the amendment(s) was/were sufficient for a	pproval
by		.,,
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareho	lder action and shareholder
Dated 723/ Signature (By a d	pted by the incorporators without shareholder irector, president or other officer – if directors the by an incorporator – if in the hands of a rece	or officers have not been
	ed fiduciary by that fiduciary)	iver, trustee, or other court
	TASON M. MANNIE (Typed or printed name of p	<i>J</i> G
	(Typed or printed name of p	erson signing)
<u>.</u>	PRESIDENT	
	(Title of person sign	ning)