

P14 0000001232

(Requestor's Name)

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(City/State/Zip/Phone #)

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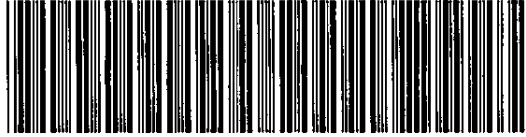
(Business Entity Name)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 11 AM 10:01

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NAME OF CORPORATION: TINA JONES, INC.

DOCUMENT NUMBER: P14000001232

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LACAROL SHAQUEEN DENT

Name of Contact Person

TINA JONES, INC.

Firm/ Company

5201 AVOCADO DRIVE

Address

TAMARAC , FLORIDA 33319

City/ State and Zip Code

SHUTTLEEXPRESSTIF@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LACAROL SHAQUEEN DENT

Name of Contact Person

at (954) 8256809

Area Code & 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)

Mailing Address

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

Articles of Amendment
to
Articles of Incorporation
of

TINA JONES, INC.

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

P14000001232

(Document Number of Corporation (if known))

FILED
15 FEB 11 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5201 AVOCADO DRIVE
TAMARAC , FLORIDA
33319

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5201 AVOCADO DRIVE
TAMARAC , FLORIDA
33319

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent LACAROL SHAQUEEN DENT
5201 AVOCADO DRIVE
(Florida street address)

New Registered Office Address: TAMARAC , FLORIDA 33319
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

99 SHARES TO LACAROL SHAQUEEN DENT PRESIDENT

The date of each amendment(s) adoption: 02/01/2015, 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 02/02/2015

Signature Lacaryl Dent

(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)

LACAROL SHAQUEEN DENT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)