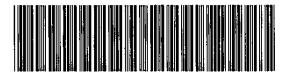
## P14000001232

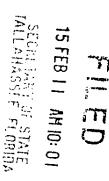
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PM 2-17-15

## **COVER LETTER**

TO: Amendment Sec Division of Corp				TALL A	15 FE	
NAME OF CORPO	RATION: TINA JONE	ES, INC.		150 A	EB	
DOCUMENT NUM	BER: P1400000123	2		ing:	27=	T
	of Amendment and fee are su			HO I	AM 10: 0 !	Ü
Please return all corre	spondence concerning this mat	tter to the following:		i i i i i i i i i i i i i i i i i i i		
	LACAROL SHAQ	UEEN DENT				
		Name of Contact Person	1			
	TINA JONES, INC	C.				
		Firm/ Company				
	5201 AVOCADO	DRIVE				
		Address				
	TAMARAC, FLO	RIDA 33319				
		City/ State and Zip Code	е			
SH	UTTLEEXPRESS	TIF@GMAIL.CO	OM			
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	e call:				
LACAROL S	HAQUEEN DENT	at (954	, 8256809			
Name	of Contact Person		de & Daytime Telephone Nur	mber		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment 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)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle			

Tallahassee, FL 32301

Articles of A to Articles of In o	corporation		
TINA JONES, INC.			
(Name of Corporation as currently filed with the	Florida Dept. of State)		
P14000001232			
(Document Number of Corporation (	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida 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 word "chartered," "professional association," or the abbreviation	on." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	5201 AVOCADO DRIVE		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	TAMARAC, FLORIDA		
	33319		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5201 AVOCADO DRIVE		
<del></del>	TAMARAC, FLORIDA		
	33319		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres			
Name of New Registered Agent LACAROL SHAQUEEN DENT			
5201 AVOCADO DRIVE			
(Florida st	reet address)		
New Registered Office Address: TAMARAC, FL	ORIDA , Florida 33319		
(City			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar  Signature of New Registered			

## 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	JONES, TINA	4244 N.□ 12 ST
Add			:LAUDERHILL, FLORIDA
Remove			33313
2) Change	VP	□ ILLIAMS, JOSEPH	4244 N.□ 12 ST
Add			(LAUDERHILL, FLORIDA
Remove			33313
3) Change	Р	LACAROL S. DENT	5201 AVOCADO DRIVE
<b>✓</b> Add			TAMARAC, FLORIDA
Remove			33319
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
SHARES TO LACAROL SHAQUEEN DENT PRESIDENT	
SHARES TO LACAROL SHAQUEEN DENT PRESIDENT	

The date of each amendment(s) adopt	ion, 02 <sup>0</sup> 1/2015	if ather then the
date this document was signed.	1011:	, if other than the
Effective date if applicable:	/	
<u></u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	by the board of directors without shareholder action and shareholder	
action was not required.	by the incorporators without shareholder action and shareholder	
delion was not required.		
Dated 07/02/2015		•
Signature A	Varial Dent	
(By a direct	or, president or other officer - if directors or officers have not been	<del></del>
	an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
LA	CAROL SHAQUEEN DENT	
	(Typed or printed name of person signing)	
PR	RESIDENT	
<del></del>	(Title of person signing)	_