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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corpo				
NAME OF CORPOR	ATION: JC PA	operty rest	ORATION INC.	
DOCUMENT NUMB	Z1 -	003321		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
-	JERA	Ferrier Name of Contact Person		
		Name of Contact Cisor	1	
-	Firm/ Company			
_	10875 54	neey lane		
	вось	Address A RATON FL	33428	
_		City/ State and Zip Code	e	
	VMBRAZI	L @ EOM EA:	st. Not	
	Deman address. (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
VERA	FERREIRA	at (754	366-5917	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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			Address	
Amendment Section Division of Corporations			ment Section	
	Box 6327		n of Corporations Building	
Tallahassee, FL 32314			xecutive Center Circle	

Tallahassee, FL 32301

,	Articles of Amenda	nent	FILE	ED .
	Articles of Incorpora	ation 17.	. APR -7	TETT- 30
Je Proper	Rty RESto	RATION		
(Name of Corporation as currer	itly filed with the Florida	Dept. of State	LLÁHÁ5SE:	i, nilukiDA
P 1400000	332			
(Document Numb	per of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torida Statutes, this Florida	a Profit Corpora	tion adopts th	ne following amendment(s) to
A. If amending name, enter the new name of the Standard CLEANI		CES.	NC.	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "Co".			
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		1875 3 Boea &	PATON	love FL 33428
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<i>E BOX</i>)			
D. If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter t	he name of th	<u>ne</u>
Name of New Registered Agent				
	(Florida street add	ress)		
New Registered Office Address:		, F	lorida	
	(City)		(Zi _j	o Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	z Registered Agent: ent. I am Jamiliar with an	d accept the obli	gations of the	position.
2 luc	e ferrera			
Agnature	of New Registered Agent,	if changing		•

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
Change Add Remove	LAST NAME FERREIRA	10875 STARRY LOUL BOCA RHON FC 33412
2) Change		
Remove 3) Change		
Add Remove	· ·	
4) Change Add		<u> </u>
Remove 5) Change		
Add Remove		
6) Change		
Remove	•	

SPANIEL DEBERGER PROPERTY OF NOCOSSAPA	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(ве ѕресіліс)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 04/04//4	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 01/10/14	
(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 ELAINE SALES MATOS." (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 : 04 - 04 - 14	
Signature Clause Golf Sate.	
(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)	
ELAINE SALES MATOS (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
JP	
(Title of person signing)	