## P1400027397

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## **COVER LETTER**

TO: Amendment Sect Division of Corp					
NAME OF CORPOR	NAME OF CORPORATION: JSW LABS, INC				
DOCUMENT NUMI	DOCUMENT NUMBER: P14000027397				
	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	Please return all correspondence concerning this matter to the following:				
	NOEL E ESCOBAR II				
		Name of Contact Person			
	THE TALLY CON	ISULTING GRO	UP, INC		
		Firm/ Company			
	11159 59TH STR	EET N			
		Address			
	WEST PALM BE				
		City/ State and Zip Code			
ioh	n@newhopetc.coi	η	not some models		
E-mail address: (to be used for future annual report notification)					
For further information	n concerning this matter, pleas	e call:			
NOEL E ESC	COBAR II	at (800	348-2072		
Name of Contact Person Area Code & Daytime Telephone Number			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)		
Am Div P.C	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle		

## Articles of Amendment to Articles of Incorporation of

JSW LABS, INC				_
(Name of Corporation as	currently filed with the Florida De	ept. of State)		
JSW LABS, INC				-
(Documer	nt Number of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida F</i>	Profit Corporation ac	lopts the followin	g amendment(s) t
A. If amending name, enter the new na	ame of the corporation:			
				_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A	pany," or "incorpe professional corpore	orated" or the a ution name must	bbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S				-
				-
C. Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			_
				-
				-
D. If amending the registered agent an new registered agent and/or the new		orida, enter the nar	ne of the	
Name of New Registered Agent	SUZANNE MADISON			
	603 VILLAGE BLVD	#210	•	
	(Florida street addres		•	
New Registered Office Address:	WEST PALM BEACH	, Florida	33409	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	tered agent. Lam familiar with and a	accept the obligation	is of the position.	
	Renature of New Registered Agent, if a	changing	=	F 388
	gnami voj new negisiereu ngem, ij c	nunging		MAR 3
·				37

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>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	SUZANNE MADISON	603 VILLAGE BLVD #210
Add			WEST PALM BEACH,
Remove			FL 33409
2) Change	S,T	ALVIN W MADISON	603 VILLAGE BLVD #210
Add			WEST PALM BEACH,
Remove			FL 33409
3) Change			
Add			
Remove			
4) Change			<u>,</u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
i i kemove			

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	icles, enter change(s) here: (Be specific)	
		_
		_
If an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_
		_

The date of each amendment(s) adoption: MARCH 28, 2014	
date this document was signed.	, if other than the
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)	
(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 Mayon 27, 2014	
Signature August Madison	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SUZANNE MADISON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_