# P 15 00000 2954

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Amendicane

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I ALBRITTON

#### **COVER LETTER**

TO: Amendment Section

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Division of Corpor	rations		·	
NAME OF CORPOR	ation: Jennial er: P15000	Coip		
DOCUMENT NUMB	er: <u>P15000</u>	0002954		
	f Amendment and fee are su			
Please return all corresp	ondence concerning this ma	tter to the following:		
	Jen	nie Alejo		
-		Name of Contact Persor	1	
-		Firm/ Company		
_	501 NO	clando Aue #	313-234	
	501 N Oclando Aue # 313-234 Address Winter Park FL 32789			
_		City/ State and Zip Code	e	
	jer	nn Talspa @ gn sed for future annual report	noull.com	
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Jennie.	Alejo	at ( 321	2797863 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 Depa	irtment 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)	
Amer	ing Address adment Section	Amend	Address Iment Section	
Division of Corporations P.O. Box 6327			on of Corporations Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

### **Articles of Amendment** Articles of Incorporation

Jennial C	Corp
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1500000	2954
(Document Number of	Corporation (if known)
Pursuant to the provisions of section $607.1006$ , Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  Derma Deluxe Medical C	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	766 N. Sun Dr. Suite 1060 Lake Hary F1 32746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	501 N Oslando Ave 313-23. Winter Park FL 32789
*	Winter Park FL 32789
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ess in Florida, enter the name of the

(Florida street address) New Registered Office Address: (City) 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

## 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 <math>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 Doc	
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		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add	<del>, -</del>		
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		· ——— · · <del>-</del>	
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	<del></del>
	<del></del>
·	
	<del></del>
,,	
	<del></del>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) infficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	Tarch 18/2019	
Signature	Jan Roy	
(By a	director, president or other officer - if directors or officers have not been	_
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
wpps.	· · ·	
	Jennie Alejo	<del></del>
	(Typed or printed name of person signing)	
	Prosident	
	(Title of person signing)	