## P15000015329

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WHA TO SOLL

**COVER LETTER** TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_ JonJoa Discount Mattress Inc. DOCUMENT NUMBER: P15000015329 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Angelica Espino Name of Contact Person JonJoa Discount Mattress Inc. Firm/ Company 2945 Dartmouth Ave N Address St Petersburg, FL 33713 City/ State and Zip Code Jon Joa@msn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727 ) 418-8971

Area Code & Daytime Telephone Number Angelica Espino Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to

Articles of Incorporation

· —	T. Discou	+ M-4	ress :	Tod
(Name of Corpor	ation as currently filed with the Fl	orida Dent of State)	ress.	<u> </u>
(Name of Corpor	PISODODIS			
(Do	cument Number of Corporation (if kn			
·	•			
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Cor</i>	<i>poration</i> adopts the fo	llowing amend	ment(s) to
A. If amending name, enter the new name of the	corporation:			
			The n	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A profession	r "incorporated" or nal corporation name	the abbreviati must contain i	ion the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				_
	<del></del>			-
•			≥s ::	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY)		LCS :	inant mi
(maning university MAT BE A FOST OFFICE	<u></u>		<b>E</b>	STATE OF SEC.
			<u> </u>	≍ર±છ - ફે
D. If amending the registered agent and/or regi	stered office address in Florida, en	ter the name of the	3: 31 STATE LORIDA	Tagent P
new registered agent and/or the new register	ed office address:		D	
Name of New Registered Agent		·-··		
		•		
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing l	Registered Agent:			
I hereby accept the appointment as registered ager	t. I am familiar with and accept the	obligations of the pos	ition.	
S	ignature 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	<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>	Address
1) Change	P, S	Jesus Espino	2255 STARKEY RD
Add			Unit D
X Remove			Largo, FL 33771
2) Change	P, S	Angelica Espino	2255 STARKEY RD
X Add			Unit D
Remove			Largo, FL 33771
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself;

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amenament file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
05/05/2017 Dated
Signature (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)
Jesus Espino
(Typed or printed name of person signing)
President
(Title of person signing)