P15000045527

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Jennifer Pace PA DOCUMENT NUMBER: P15000045527				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jennifer Coloney Name of Contact Person				
Firm/ Company				
1451 SW 18TH Terrace				
Ft. Lauderdale, FL. 33312 City/State and Zip Code				
Firm/ Company 1451 SW 18TH Terrace Address Ft. Landerdale, Ft. 33312 City/ State and Zip Code E-mailaddress: (tobe used for future innual report notification)				
For further information concerning this matter, please call:				
Tennifer Coloney at 954 907-1203 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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Jennifer Pace	PA			619) مر
(Name of Corporation	as currently	filed with the Florida	Dept. of State) 🦩		
P15000045527				77	,
(Documen	it Number of (Corporation (if known)		-	7.
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this F	lorida Profit Corporatio	on adopts the followi	ng amendme	ent(§
A. If amending name, enter the new name of the corp	oration:				
Jennifer Coloney	PA			The new	ı,
name must be distinguishable and contain the Ford "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the above	"Inc," or "C	o". A professional cor	corporated" or the c poration name must	<u> </u>	n
B. Enter new principal office address, if applicable:		Same	Address	m fi	م/
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	1451 SW 18	•	•	
		Ft Lauder			•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ss in Florida, enter the	name of the		
Name of New Registered Agent		NIA			
			-	_	
	(Florida stree	t address)		_	
New Registered Office Address:			, Florida		
	(C	'iiy)	(Zip	Code)	
New Registered Agent's Signature, if changing Registe					
I hereby accept the appointment as registered agent. I a	m familiar wi	h and accept the obliga	tions of the position.		
				_	
Sivnatu	re of New Res	istered Agent, if change	inv	_	

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 Example:	, and Sat	lly Smith, SV as an Add.	_			
X Change	<u>PT</u>	John Doe			•	
X Remove	V	Mike Jones		NIP	۲	
X Add	<u>sv</u>	Sally Smith		171.		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			Address	
1) Change						
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						<u>.</u>
Add						 -
Remove						<u> </u>
4) Change						
Add						
Remove						
5) Change				-		
Add						
Remove						
6) Change						
Add				- -		
Remove						

	ects, if necessary).	(Be specific)	s) here:	. TiA.	
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an amendment propositions for imple	ementing the amen	ange, reclassificatio idment if not contai	n, or cancellation of ned in the amendme	<u>nt itself:</u>	
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:	5/21/19	
	(no more than 90 dayslafter amendment file a	late)
Note: If the date inserted in this blo document's effective date on the Department	ock does not meet the applicable statutory filing requiren artment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
by the shareholders was/were suffi	ted by the shareholders. The number of votes east for the icient for approval.	amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ed	oved by the shareholders through voting groups. The follouch voting group entitled to vote separately on the amend	wing statement ment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action ar	nd shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and sh	archolder
selected,	sor, president of other officer – if directors or officers had by an incorporator – if in the hands of a receiver, trustee, of tiduciary by that fiduciary)	
арроппес		
_	(Typed or printed name of person signing)	
_	OFFICEN Directo	X