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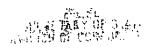
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Jackson Tomas Ke	eddell, PA	
DOCUMENT NUMB	ER:		<del>-</del>
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Jackson T Keddell		
		Name of Contact Person	1
		Firm/ Company	
	609 Lenox Ave. #4		
	Miami Beach, FL 33139	Address	
-		City/ State and Zip Code	2
jtkedd	ell@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jackson T Keddell		at (305	244-7023
Name of Contact Person			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)
Ame Divis P.O.	ing Address Indiment Section Ition of Corporations Box 6327 Ithassee, F1, 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Jackson Tomas Keddell, PA

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	tly filed with the Florida Dept. of State)				
<u> </u>	03				
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
Jackson Thomas Keddell, PA	The new				
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	609 Lenox Ave. #4				
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Miami Beach, FL 33139				
G. Fatanana Wanadhan 16 N. H.					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	609 Lenox Ave. #4				
	Miami Beach, FL 33139				
<b>5.40</b>					
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	<u>iress in Florida, enter the name of the</u> 8 <u>8:</u>				
Name of New Registered Agent					
(Florida s	treet address)				
New Registered Office Address:	, Florida				
	(City) (Zip Code)				
•					
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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>	Name	<u>Addres</u> s
1)Change			
Add			
Remove			
2)Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4)Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6)Change			
Add			
Remove			

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<u>provisions for in</u>	provides for an ex nplementing the an cable, indicate N/A)	<u>nendment if not</u>	fication, or car contained in ti	ncellation of iss ne amendment	ued shares, ltself:	
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The date of each amendment(s) adoption:	-\$.t.	¥: 3	6. 14.	thển ĩ	han the
date this document was signed.	75 1 1	0A .	Fire	ire? T	ian the
Effective date if applicable:	2016	OCT	24	<u>AM</u>	8: 4
(no more than 90 days after amendment file date)					
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date	will n	ot be	listed	l as the
Adoption of Amendment(s) (CHECK ONE)					
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)				
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement				
"The number of votes cast for the amendment(s) was/were sufficient for approval					
by		•			
(voting group)					
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older				
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.					
Oct 11, 2016 Dated Signature					
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en ourt		•		
Jackson T Keddell					
(Typed or printed name of person signing)		-			
President					
(Title of person signing)					