Division of Corporations **Electronic Filing Cover Sheet**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN JACOBELA CORPORATION

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Electronic Filing Menu

Corporate Filing Menu

Help

		COVER LETTER		
TO: Amendment Second Division of Corp	=			
NAME OF CORPO	RATION: JACOBELA COR	PORATION		
	BER: P16000013612			· · · · · · · · · · · · · · · · · · ·
	of Amendment and foe are su	bmitted for filing.		
Picase return all corre	spondence concerning this ma	tter to the following:		
	GLORIA V FRANCO			·
		, Name of Contact Person	1	
	JACOBELA CORPORATIO	N		
	-	Firm/ Company		
	2367 QUEENS WOOD CIR			
		Address		
	KISSIMMEE FL 34743			
		City/ State and Zip Code		:
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se cail:		:
GLORIA V FRANCO)	arc 407	749272	0
Name	of Contact Person	Area Co		ne Number
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Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

4045205473

To:8506176380

SERVICE CORPORTIONS

Articles of Amendment to Articles of Incorporation of

JACOBELA CORPORATION			
(Name of Corporation as currently	filed with the Flor	ida Dept. of State	<u>)</u>
P16000013612		:	
(Document Number of	Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F ts Articles of Incorporation:	lorida Profit Corp	eration adopts the	following amendment(s)
. If amending name, enter the new name of the corporation:	}		
		:	The new
came must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Covord "chartered," "professional association," or the abbreviation "F	o". A professiona		r the abbreviation
The state of the s		•	
3. Enter new principal office address, if applicable: (Principal office address MUST BE A STREBT ADDRESS)		· ·	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	*		
 If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: 	ss in Florida, ente	the name of the	
Name of New Registered Agent			
		•	
(Florida stree	et address)		
Now Burnings of Office Address		, Florida	
New Registered Office Address:	(יפֹד)	, Pionida_	(Ztp Code)
		•	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	th and accept the q	bligations of the po	osition.
Signature of New Re	gistered Agent, if of	anging	

address of each Officer (Attach additional sheets Pleuse note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D if necess frector titl President = Chief I or, Directe in the fo wes the c	irector b eary) e by the fi e; T= Tree financial or would e llowing m orporatio	eing added: irst letter of the office title: asurer; S= Secretary; D= Director; TR= Tr Officer. If an officer/director holds more ti be PTD. canner. Currently John Doe is listed as the I n, Sally Smith is named the V and S. These s	irector being removed and title, name, and ustee; $C = Chairman \ or \ Clerk; \ CEO = Chief an one title, list the first letter of each office of and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,$
X Change	PT	John Do	S	
X Remove	<u>y</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>oith</u>	1
Type of Action (Check One)	<u>Titlo</u>		Name	Address
I) X Change	v		GLORIA V FRANCO	2367 QUEENS WOOD CIR
Add		_		KISSIMMEE FL 34743
Remove				
2) Change	P	_	LUZ A JIMENEZ LOPEZ	2367 QUEENS WOOD CIR
X Add				KISSIMMEE FL 34743
Remove				
3) Change		_		
Add				
Remove				·
				,
4) Change				t
Add				,
Remove				
5) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				:
Remove				
A			•	
6) Change		_		•
Add				
Remove				

. . . .

	,
<u> If nmending or adding additional Articles, enter change(s) here</u> :	÷
Attach additional sheets, if necessary). (Be specific)	:
	· ·
	:
	<u> </u>
	,
	:
	
	<u> </u>
if an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amen	n of issued shares.
(if not applicable, indicate N/A)	oment usen:
	,
	,
	:
	i
	i

03/11/2016	, if other than the
The date of each amendment(s) adoption: date this document was signed.	; if other than the
03/11/2016	
Effective date if applicable: (no more than 90 days after amendment	file date)
	The state of the s
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	unrements, this date will not be used as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the	e following stat emen t mendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approva	l
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	and sharéholder
03/11/2016	
Dated	
Signaturo Varia VII suco.	<u> </u>
By a director, president or other officer — if directors or officer — if in the hands of a receiver, true	
appointed fiduciary by that fiduciary)	mice, or other over
GLORIA V FRANCO	•
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	