## P16000032263

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: JAB-B-INC				
DOCUMENT NUM	BER: P16000032263				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	JULI PAPKA				
		Name of Contact Person	l	•	
	JAB-B-INC				
		Firm/ Company	· · · · · · · · · · · · · · · ·	~	
	3942 LAKE PADGETT DR				
		Address	·	-	
	LAND O LAKES, FL 34639				
		City/ State and Zip Code	:	•	
	JULIPAPKA@JAB-B.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:		.D	2
JULI PAPKA		at (813	857-6780	1000 1000 1000 1000 1000 1000 1000 100	2023 HAY 22
Name	of Contact Person	Area Coo	de & Daytime Telephone Numbe	i	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	- 25 - 25	2 PH
S35 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)	E STATE	M 2: 10
An Div P.C	niling Address mendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

JAB-B-INC

/No.		Gladavish sha Florida Dans	of State)	
P16000032263	or Corporation as currently	filed with the Florida Dept.	of State)	
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation ad	opts the following amo	endment(s) to
A. If amending name, enter the new name, N/A	ame of the corporation:		The	new
name must he distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Corp," "Inc," or "Co". A		or the abbreviation "C	orp"
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				
		**************************************		<del></del>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
D. If amending the registered agent ar new registered agent and/or the new	w registered office address:		ie of the	
Name of New Registered Agent	N/A		걸음	TAH EGGS
				N ''
	(Florida stre	et address)		٠ د١
New Registered Office Address:		City)	Florida (Zip Code),	<del></del>
			(Zip Code).	10
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations	Lı	
	Signature of New Re	gistered Agent, if changing		
Charle if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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
l) Change			
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove Change			
Add			
Remove			SECULE TO THE
4) Change			-m -m - 2
Add			22 F
Remove			\$ F 2
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

The date of each amendment(s)	doption:	, if other than the
date this document was signed.	10.000	
Effective date <u>if applicable</u> :	/2023	
Enective date in applicable.	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	;)
	proved by the shareholders through voting groups. The following stateme reach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	5/19/23	
Signature	Mily 2 pro	
select	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 counted fiduciary by that fiduciary)	2007 S.E.
	BILLY D FALIN	2023 MAY 22 SECRETIONS TALL OF D
	(Typed or printed name of person signing)	22
	PRESIDENT	# B
	(Title of person signing)	2: 10 STATE E. FL