P16000053909

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JHP TELECOM C	ORP	
	BER: P16000053909		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PABLO RECALDE		
		Name of Contact Person	1
	JHP TELECOM CORP		
		Firm/ Company	
	5320 SW 101 AVE		
		Address	
	COOPER CITY , FL 33328		
		City/ State and Zip Code	9
PAB	LO@JHPTELECOM.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
PABLO RECALDE		at (954	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.C	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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JHP TELECOM CORP			
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000053909			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
N/A		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:		5320 SW 101 AVE	
(Principal office address MUST BE A S		COOPER CITY, FL 33328	
C. Enter new mailing address, if appl	iochla:		
(Mailing address MAY BE A POST		N/A	
D. If amending the registered agent ar			
new registered agent and/or the ne		<u>88:</u>	
Name of New Registered Agent	PABLO RECALDE		
	5320 SW 101 AVE		
	(Florida :	street address)	
New Registered Office Address:	COOPER CITY	Florida 33328	
		(City) (Zip Code)	
New Registered Agent's Signature, if of the Property accept the appointment as regis	hanging Registered Ages	nt: r with and accept the obligations of the position.	
Thouse of accept the appearance is a segui-	110		
	- HART	!	
	14/		
•	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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PRESID	HANNAH ALLEN	680 TENNIS CLUB DRIVE #312
Add			FORT LAUDERDALE ,FL 33311
X Remove			
2) X Change	PRESID	PABLO RECALDE	5320 SW 101 AVE
Add			COOPER CITY, FL 33328
Remove			
3) Change			,
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: N/A
	N/A
	N/A
	N/A
	N/A
	N/A
	N/A
	N/A

	NOVEMBER 2, 2016	FILED
The date of each amendment(s)	adoption:	and the iffother than the
date this document was signed.		DIVISION OF CORPORATE II
	'A	2016 NOV -4 PM 2: 34
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	10 11 11 11 11 11 11 11 11 11 11 11 11 1
	(no more share to any after amendment five date	,
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendme	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
,	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and share	cholder
•	(BER 2,2016	
	director, president or other officer - if directors or officers have	not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or	
	pinted fiduciary by that fiduciary)	
	PABLO RECALDE	
	(Typed or printed name of person signing)	
	PRESIDENT, DIRECTOR	
	(Title of person signing)	