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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: JAYLAB PRO, INC. DOCUMENT NUMBER: P16000072480 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHELLE ISLES Name of Contact Person JAYLAB PRO, INC. Firm/ Company 3959 VAN DYKE RD., STE. 81 Address LUTZ, FL 33558 City/ State and Zip Code MICHELLE@JAYLABPRO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 949-0112

Area Code & Daytime Telephone Number MICHELLE ISLES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

JAYLAB PRO, INC.		
(Name o	of Corporation as currer	ntly filed with the Florida Dept. of State)
P16000072480		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:	
NA		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address. 		NA
new registered agent and/or the new		<u>بي.</u>
Name of New Registered Agent	NA	
	NA	ter .
	(Florida)	street address)
New Registered Office Address:	NA	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if e I hereby accept the appointment as regist	ered agent I am familia.	r 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.

Evample: <u>X</u> 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	YEW PO SEE	67 HAWTHORNE RD.
Add X Remove			NEW CANAAN, CT 06840
2) Change	S	YEW PO SEE	67 HAWTHORNE RD.
Add			NEW CANAAN, CT 06840
Remove 3) Change	CFO	JAYSON HUNTER	40 GOLDTRAIL DR.
X Add			ST. CHARLES, MO 63301
Remove 4) Change	S	JAYSON HUNTER	40 GOLDTRAIL DR.
X Add Remove			ST. CHARLES, MO 63301
5) Change	D	JAYSON HUNTER	40 GOLDTRAIL DR.
X Add			ST. CHARLES, MO 63301
Remove			
6) Change		-	
Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NA NA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NA

•	JANUARY 1, 2019	, if other than the
The date of each amendment	(s) adoption:	, 11 Other than the
late this document was signed	January 1, 2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in locument's effective date on t	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
JAN	UARY 22, 2019	
Dated	• /	
0,	/ Jane Photo	
Signature	By a director, president or other officer – if directors or officers have not been	
ζ,	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
а	ppointed fiduciary by that fiduciary)	
	JAYSON HUNTER	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	