P16000935/5

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: UNIVERSAL CO	RPORATION OF JAX	() () () () () () () () () ()	
DOCUMENT NUMBER: P16000093515				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	MOHAMMED BLEH			
		Name of Contact Perso	n	
	UNIVERSAL CORPORATI	ON OF JAX		
		Firm/ Company		
	2990 RAYFORD STREET			
	Address			
	JACKSONVILLE, FL 32205	i		
		City/ State and Zip Cod	ť	
TNTI	RLT1@BELLSOUTH.NET			
	-	ed for future annual report	notification)	
		-		
For further information	n concerning this matter, pleas	e call:		
MOHAMMED BLEH	1	917 at (
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r 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)	
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

UNIVERSAL CORPORATION OF JAX

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(Name of Corporation as currently filed with the Florida Dept. of State)
P16000093515
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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 BON)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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.

X Change	<u>PT</u>	John Doe	TP'1' 11 1
X Remove	<u>V</u>	Mike Jones	Filing cancelled
X Add	<u>sv</u>	Sally Smith	due to returned check
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MOHAMMED BLEH	2990 RAYFORD STREET
Add			JACKSONVILLE, FL 32205
X Remove			
2) Change	P	ELGARAIHY E FARRAC	2990 RAYFORD STREET
X Add		-	JACKSONVILLE, FL. 32205
Remove			
3) Change	VP	MOHAMMED BLEH	2990 RAYFORD STREET
Add			JACKSONVILLE, FL 32205
X Remove			
4) Change	VP	ELGARAIHY E FARRAC	3 2990 RAYFORD STREET
X Add			JACKSONVILLE, FL 32205
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:	Filing cancelled
(Attach additional sheets, if necessary). (Be specific)	due to returned check
If an amendment provides for an exchange, reclassification, or car provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	he amendment itself:

	ption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)
	. ,	•
Note: If the date inserted in this blo- document's effective date on the Depa		ory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of cient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting ach voting group entitled to vote separa	groups. The following statement tely on the amendment(s):
"The number of votes east for	r the amendment(s) was/were sufficient	for approval
by	(voting group)	·
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without sha	areholder action and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareho	older action and shareholder
AUGUST 30	. 2018	Filing cancelled
Dated	ad Blil	due to returned check
Signature / Wh	ad Blil	
selected.	ctor, president or other officer – if directly an incorporator – if in the hands of a fiduciary by that fiduciary)	
N	IOHAMMED BLEH	
_	(Typed or printed name of per	rson signing)
p	RESIDENT	
	(Title of person si	gning)