Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000210043)))



H170000210043ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : API PROCESSING

Account Number : 12013.0000069

Fax Number

: (954)567-0013

Phone

: (954)567-3401

\*\*Enter the email address for this business entity to be used for facure annual report mailings. Enter only one email address please.

Email Address: kathy@apiprocessing.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN JD ROYAL AC SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

JAN & 4 2016

HO.838 #002

H17000021004 3 Page 2 of 5

Articles of Amendment to Articles of Incorporation of

JD Royal AC Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P170000004735 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If smending name, enter the new name of the corporation: Momentum AC Services, Inc. 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 BOX) 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

H170000Z 004 3

Page 1 of 4

## H18000021004 3 Page 3 of 5

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:

 $P = President; V ext{ Vice President; } T = Treasurer; S - Secretary; D = Director; TR = Trustee; C - Chairman or Clerk; CEO - Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treusurer, Director would be PTD.$ 

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 Sully Smith, SV as an Add.

X Change	PT	<u>John D</u> oc	e	•				
X Remove	V.	Mike Jones						
X Add	<u>sv</u>	Sally Sm	<u>iith</u>					
Type of Action (Check One)	Title		<u>Name</u>			Address		
1) Change		_				<u> </u>	_	
Add								
Remove								
2) Change		_						
^dd								
Remove							_	
3)Change		_		(1)				
Add							_	
Remove								
4) Change							_	
Add				·			_	
Remove							_	
5)Change	,	***			<del></del> .		_	
Add						·	_	
Remove								
Change								
Add							_	
Remove							_	

	<del></del>					
					mm s 144	
		•				
		•				
<del></del> ··	•	****				
	•					
. •			•	•	•	
		•				
				<del></del>	<u> </u>	
		*				
nn amendmer rovisions for (if not appl	nt provides for an ex Implementing the ai icable, indicase N/A)	schange, reclassific mendment if not co	ation, or cancellat entained in the ame	ion <u>of issued share</u> endment itself:	<u>s</u> ,	
				•		
		-,	· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
	·					

01/23/2017 17:24 API Processing

9545673401

HO.836 #005

H17000021004 3 Page 5 of 5

Drou\$ign Envelope ID: 539208A1-6ED8-43FC-BF13-D6796018C71B

The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the sharcholders through voting groups. The following statement nust be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
hy
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
ionathan wansman
Signature (By a director, president or other officer — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Jonathan Waysman
(Typed or printed name of person signing)
President
(Title of person signing)