17000059281

(Red	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corpora	ations			
NAME OF CORPORA	TION: SE.	SUCHINE	-0, INC	
DOCUMENT NUMBE	R:	170000	59281	
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
_	ALEX	ANDER	KINCHORN	
			O, INC	
	17.0.	Address	18 T	
	Home	STURD	FL 33034	
		City/ State and Zip Code	2	
	BLESSED PR E-mail address: (to be us	ed for future annual report	AOL. COM notification)	
For further information of	concerning this matter, pleas	se call:		
ALEXAND	CR KINGH	10RNat (305	992 - 4146 de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
	ng Address		Address	
	dment Section		ment Section	
	on of Corporations Box 6327	Division of Corporations Clifton Building		
	assee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State)

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 amending name, enter the new name of the corporation:	
JESUCHINEO, INC	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association." 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)	SUITE 644
	HOMESTEAD, FL 33030
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.U. BOX 344384
	HOMESTEAD, FL 33034
Name of New Registered Agent (Florida st	reet address)
New Bouletoned (Wine Address)	Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
Nore	EIN
EIN WII NOT ALLOW	87-2115456
DACH - THEREFORE WE Page	Lof4 ひんてんパラブクル

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WII NOT ALLOW
- THEREFORE WE

EIN NUMBER

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.

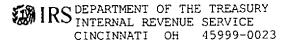
Example: X Change	<u>PT</u>	John Doe)
X Remove	<u>v</u>	Mike Jones		ಯ
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	•	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change			<u> </u>	
Add				
Remove				
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Kemove				
6) Change				
Add				
Remove				

-		
		
n amendment provides for an exchange, reclassification, or can	<u>cellation of issued sha</u>	ares,
visions for implementing the amendment if not contained in th	e amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	7077	17,	2017	, if other than the
date this document was signed.				
Effective date if applicable:	no more than 90 days after	して	2017	
(no more than 90 days after	amendmen	t file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St		ory filing red	quirements, this date	will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)			
The amendment(s) was/were adopted by the sharp by the shareholders was/were sufficient for app		votes cast fo	or the amendment(s)	
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr	hareholders through voting coup entitled to vote separa	groups. The tely on the a	e following statemen imendment(s):	t.
"The number of votes cast for the amendr		for approva	1	
by A. HINGHORN	112		."	
by A. HINGHORN (voting	g group)			
☐ The amendment(s) was/were adopted by the bo action was not required.	ard of directors without sha	ircholder ac	tion and shareholder	
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareho	older action a	and shareholder	
Dated dvcy 1	7, 2017			
Signature		 -		
	ent or other officer — if dire- forator — if in the hands of a y that fiduciary)			
A	YEXAND 6	<i>? !</i>	CINGHO	RN_
(Ty	yped or printed name of per	son signing))	
	17	P		

Page 4 of 4

(Title of person signing)



Date of this notice: 07-11-2017

Employer Identification Number:

82-2115456

Form: SS-4

Number of this notice: CP 575 A

JESUCHINEO INC % ALEX KINGHORN VP PO BOX 344384 HOMESTEAD, FL 33034

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-2115456. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 04/15/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is JESU. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.