## 17000076477

| (Requestor's Name)                        |              |               |
|---|--------------|---------------|
| (Address)                                 | 60030        | 7001856       |
| (City/State/Zip/Phone #)                  |              |               |
| PICK-UP WAIT MAIL  (Business Entity Name) | 01/11/1      | 801010005 **  |
| (Document Number)                         |              |               |
| Certified Copies Certificates of Status   | S TALLENT    |               |
| Special Instructions to Filing Officer:   | JAN 1 6 2018 | AHASSET FEREN |
|   | More         |               |

Office Use Only

\*\*35.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR.           | ATION: J.E.S.S OF PINEL                     | LAS INC.   |  |
|---------------------------|---|--|--|
| DOCUMENT NUMB             | ER: P17000076979                            |  |  |
| The enclosed Articles o   | f Amendment and fee are su                  | bmitted for filing.  |  |
| Please return all corresp | ondence concerning this ma                  | tter to the following:   |  |
| :                         | JASON SPICOLA                               |  |  |
| <del>-</del>              |   | Name of Contact Person   | 1  |
| ;                         | I.E.S.S OF PINELLAS INC.                    |  |  |
| _                         |   | Firm/ Company  |  |
|                           | 1791 ARBOR DR S                             |  |  |
| _                         |   | Address  |  |
| 1                         | PALM HARBOR, FL 34683                       |  |  |
| _                         |   | City/ State and Zip Code   |  |
| JSPIC                     | OLA@HOTMAIL.COM                             |  | ,  |
|                           | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |
| For further information   | concerning this matter, pleas               | se call:   |  |
| JASON SPICOLA             |   | at (   | 244-8537   |
| Name of                   | f Contact Person                            | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for   | the 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) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|                           | ing Address<br>adment Section               |  | Address<br>ment Section  |
|                           | ion of Corporations                         | Division of Corporations   |  |
|                           | Box 6327<br>hassee, FL 32314                |  | Building xecutive Center Circle  |
| tana                      | HOUSE THE DEDICT                            | 2001 L   | account center cuter   |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

J.E.S.S OF PINELLAS INC. (Name of Corporation as currently filed with the Florida Dept. of State) P17000076979 (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 amending name, enter the new name of the corporation: The new 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." 8 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

| ,  |   |   |  |
|--|---|---|--|
| address of each Office<br>(Attach additional shee<br>Please note the officer/<br>P = President; V = Vic<br>Executive Officer: CFC<br>held. President, Treasu<br>Changes should be not<br>a change, Mike Jones I<br>Mike Jones, V as Remo | er and/or I ets, if neces, /director tit, ce Presiden O = Chief urer, Direct ted in the fo leaves the c | Director being added: ssary) itle by the first letter of the office title: nt: T= Treasurer; S= Secretary; D= Dire Financial Officer. If an officer/director stor would be PTD. following manner. Currently John Doe is | each officer/director being removed and title, name, a ector: TR= Trustee: C = Chairman or Clerk: CEO = Che holds more than one title, list the first letter of each official listed as the PST and Mike Jones is listed as the V. There and S. These should be noted as John Doe, PT as a Chang |
| Example: X Change  | <u>PT</u>   | John Doe  |  |
| X Remove   | <u>V</u>  | Mike Jones  |  |
| X Add  | <u>\$V</u>  | Sally Smith   |  |
| Type of Action (Check One)   | <u>Title</u>  | <u>Name</u>   | <u>Addres</u> s  |
| 1) Change  | P   | JASON SPICOLA   | 1791 ARBOR DR S  |
| X Add  | 14.2  | <del></del> :   | PALM HARBOR, FL 34683  |
| Remove   |   |   | · · · · · · · · · · · · · · · · · · ·  |
| 2) Change  |   |   |  |
| Add  |   |   | <del></del>  |
| Remove   |   |   | <del></del>  |
| 3) Change  |   |   |  |
| Add  |   |   |  |
| Remove   |   |   |  |
| 4) Change  |   |   |  |
| Add  |   |   |  |
| Remove   |   |   |  |
| 5) Change  |   |   |  |
| Add  |   |   |  |
| Remove   |   |   |  |
| 6) Change  | <del></del>   |   |  |

\_\_\_ Add

\_\_\_ Remove

| If amending or adding additional Artic<br>Attach additional sheets, if necessary). |   |
|--|---|
|  |   |
|  |   |
|  |   |
| · · · · · · · · · · · · · · · · · · ·  |   |
|  |   |
| · · - · · · · · · · · · · · · · · ·  |   |
|  |   |
|  |   |
|  |   |
| <del></del>  | ······································  |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)  | nument if not contained in the amendment asen:  |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

|   | DECEMBER 7, 2017   |                            |
|---|--|----------------------------|
| The date of each amendment(s) ad date this document was signed.               | option:  | , if other than            |
| -   |  |                            |
| Effective date <u>if applicable</u> :   |  |                            |
|   | (no more than 90 days after amendment file date)   |                            |
| Note: If the date inserted in this bl<br>document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this dartment of State's records.  | late will not be listed as |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                            |
| The amendment(s) was/were adop<br>by the shareholders was/were suf            | oted by the shareholders. The number of votes cast for the amendment ficient for approval.   | (s)                        |
|   | oved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):  | nent                       |
| "The number of votes east f   | or the amendment(s) was/were sufficient for approval   |                            |
| by  | (voting group)   |                            |
|   | (voting group)   |                            |
| ☐ The amendment(s) was/were adopaction was not required.                      | oted by the board of directors without shareholder action and sharehold  | der                        |
| action was not required.  Dated / Z   | oted by the incorporators without shareholder action and shareholder   |                            |
| selected  | ector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could flatcuary by that fiduciary) | ırt                        |
| -   | (Typed or printed name of person signing)  |                            |
|   | (1 yped or printed name of person signing)   |                            |
|   | <u> </u>   |                            |
| _   | (Title of person signing)  | <del></del>                |