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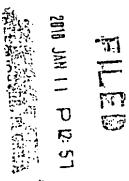
(F	Requestor's Name)			
(A	Address)			
(F	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
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JAN 17 2018 T. LERNEUX



COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	DRATION: C M JONES, INC		
	IBER: P17000089626		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	CHRISTOPHER M. JONES		
		Name of Contact Pers	on
	CHRISTOPHER MICHAEL	JONES, INC.	
		Firm/ Company	
	10915 KIRKWALL PORT F	DRIVE	
		Address	<u> </u>
	WIMAUMA, FL 33598		
		City/ State and Zip Co	de
the.j	ones0777@gmail.com		
	E-mail address: (to be us	sed for future annual repo	rt notification)
For further information	on concerning this matter, pleas	se call:	
Christopher M Jones		813 at (ode & Daytime Telephone Number
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment of State:
□ \$35 Filing Fee	■S43.75 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)
An Div P.C	tilling Address nendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amei Divis Clifte	t Address adment Section ion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

C M JONES, INC. (Name of Corporation as currently filed with the Florida Dept. of SOFF JAN 11 P 12: 57 P17000089626 (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: CHRISTOPHER MICHAEL JONES, 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: N/A (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: (City) 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.

Example: X_Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add		_		
Remove				
1) Change				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. <u>If amend</u> (Attach <i>aa</i>	g or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)	
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		
		
		
		
. If an amo	dment provides for an exchange, reclassification, or cancellation of issued shares,	
provisio (if n	s for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)	
√./A	appreadic, maicae (mi)	
3/73		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
■ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
D I	01/08/2018	
Dated		
Signature	Title &	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	CHRISTOPHER M JONES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	