P120000003116

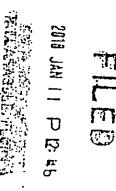
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JAN 17 2018 T. LEAMEUK Confort

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	T ON : <u>ω</u> HITS OF JAX II	NC				
DOCUMENT NUMBER						
The enclosed Articles of A		bmitted for filling.				
Please return all correspor	idence concerning this ma	tter to the following.				
RE	BECA M. VARGAS					
		Name of Contact Persor	1			
'a']	HTS OF JAX INC.					
		Firm/ Company				
613	6135 POWERS AVENUE					
	Address					
JA	CKSONVILLE, FL 32217	7				
		City/ State and Zip Code	·			
homeinec	ometax service/a comeast, r	iel				
	E-mail address; (to be us	sed for future annual report	notification)			
		·				
For further information co	neerning this matter, pleas	se call:				
REBECA M. VARGAS		904	374-5160			
Name of Contact Person		at (at (374-5160 de & Daytime Telephone Number			
Enclosed is a check for the	e following amount made	payable to the Florida Depa	utment 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)			
Amendi Division P.O. Bo	nent Section of Corporations x 6327 ssee, FL 32314	Amend Divisio Clifton 2661 1	Address Iment Section on of Corporations (Building Executive Center Circle Usee, FL 32301			

Articles of Amendment

to

Articles of Incorporation

(Hits () Jax Inc.
(isame of Corporation as currently filed with the Florida Dept. of State)
P18000002116
(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) ts Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
HITS OF JAX 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. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)
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
New Registered Office Address: (Florida street address) (Florida street address) (Florida street address)
Citys City Citys Cit
Thereby 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; (FO = 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 Doc 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 Doc, 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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
	 	
· · · · · · · · · · · · · · · · · · ·		
	 	
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellandment if not contained in the ar	ation of issued shares, nendment itself:
(if not applicable, indicate NA)	-	-
		·
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
01/01/2018 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 document's effective date on the Department of State's records	will not be listed as the
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 shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	r
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(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.	
01/09/2018 Dated	
(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)	
(Typed or printed name of person signing)	
(Title of nerson signing)	