

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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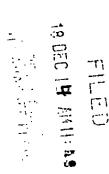
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _____ DOCUMENT NUMBER: P18000017533 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joel Cutler Name of Contact Person J2 Squared, Inc. Firm/ Company 8017 13th Ave South, Address St. Petersburg, Florida 33707 City/ State and Zip Code Joelcutler@msn.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Joel Cutler at (407) 474-9066
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tulfahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

J2 Squared Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P18000017533	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	문
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office adonew registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
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: - <u>X-</u> Change	PT	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	D	Joshua P. Zitting	8017 13th Ave. South
Add			St. Petersburg, Florida 33707
X Remove			
2) Change			
Add			
Remove			
3 + Change			
Add			
Remove			-
4) Change			
Add			
Remove			
Keniove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			····
Remove			

(Attach additional sheets, if necessary).	des, enter change(s) her (Be specific)	-		
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			-	
f an amendment provides for an exch	nve reclassification or	cancellation of issued	Leharai	
The state of the s	dment if not contained i	n the amendment itse	<u>rsnares.</u> If:	
provisions for implementing the amen				
provisions for implementing the amen (if not applicable, indicate N/A)	and the second second	-		
<u>provisions for implementing the amen</u>	<u>ament not contained i</u>			
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The date of each amendment(s) a	doption:,	if other than th
date this document was signed.	13/3010	
Effective date if applicable:	12/2018	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the Di	block does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	t be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad- by the shareholders was/were sa	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
■ The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
12/12/2018 Dated Signature	Coul Cuttin	
selecte	friector, president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	
	Joel Cutler	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	