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(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: JAMES ALLEN SERVICES, INC. DOCUMENT NUMBER: \$\frac{18000019299}{}\$				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person JAMES ALLEN SERVICES, INC, Firm/ Company 187 BROOKS STREET UNIT ASOI Address FURT WALTON BEACH, FUNIDA 32548 City/ State and Zip Code JAHANDY MANGEARTHLINK, NET V E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (850) 225-2920 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallabassee, FL 32314 Content Address Amendment Section Division of Corporations Clifton Building				

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

JAME		RVICES, INC.	
(Name of Corporation	as currently filed with the I	lorida Dept. of State)	
918	000019299		
	t Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this <i>Florida Profit Co</i>	prporation adopts the following am	iendment(s) to
A. If amending name, enter the new name of the corp	oration:		
•		The	e new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A profession	or "incorporated" or the abbre	viation
B. Enter new principal office address, if applicable:		<u> </u>	
(Principal office address <u>MUST BE A STREET ADDR</u> i	<u>ESS</u>)		
			
		<u></u>	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•	<u> </u>	1
			
			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the	
Name of New Registered Agent			
	•		
	(Florida street address)		
Non Business J. Office Addition		Tilani da	
New Registered Office Address:	(City)	, Florida <u>(Zip Code</u>	
	• • • •	•	
New Registered Agent's Signature, if changing Regist			
I hereby accept the appointment as registered agent. I a	ım familiar with and accept th	ne obligations of the position.	
Signate	ire of New Registered Agent,	if changing	
Dignati	c o, 1. c., registered rigerit,	y	

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 <math>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> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) K Change	PRESIDEN	IT JAMES R ALLEN	187 BROOKS STREET
Add			UNITASOI
Remove	·		FLORIDA 32548
2) Change	ST	CANDACE TANNER	187 BROOKS STREET
Add		•	UNIT ASOI
Remove			FORT WALTON BEACH, FLORTH
3) Change	Cfo_	CANDACE TANNER	187 BROOKS STREET
Add			UNIT ASOI
Remove			FORT WALTON BEAH, FLORED, 32548
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add	 		
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
Tradit daditional shoots, if hocossary).	(Be speedie)	
		•
	•	
		•••
	• • • • • • • • • • • • • • • • • • • •	
		<u>-</u>
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisions for implementing the am	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	1	
		

The date of each amendment(s) adoption: date this document was signed.	, if other than
	6/20/8 10 days after amendment file date)
(no more than S	0 days after amendment file date)
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thremust be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	••
by JAMES RALLEN (voting group)	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	nout shareholder action and shareholder
Dated MARCH 15, Zo	18
Dated MARCH 15, Zo Signature Cours R COOL	
(By a director, president or other offi	cer – if directors or officers have not been e hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary	
JAMES R (Typed or printed	ALLEN
(Typed or printed	name of person signing)
PRESI	DENT
(Title	of person signing)

the

the