## P190000 69581

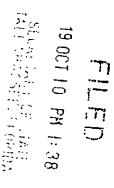
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    Stephen Bradshaw	NAME OF CORPOR	We-quipped Inc		
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    Stephen Bradshaw		P19000069581		
Please return all correspondence concerning this matter to the following:    Stephen Bradshaw				
Name of Contact Person			·	
Name of Contact Person  We-quipped Inc  Firm/ Company  369 Travino Ave  Address  St Augustine FL 32086  City/ State and Zip Code  shradshaw@buildersenterpriselle.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephen Bradshaw  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Stephen Bradshaw  Name of Contact Person  Stephen Bradshaw  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certified Copy  (Additional copy is Certified Copy  (Additional copy is certified Copy  (Additional Copy is enclosed)  Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Cliffon Building	Please return all corresp	ondence concerning this ma	tter to the following:	
We-quipped inc    Firm/ Company	:	Stephen Bradshaw		
Firm/ Company  Address  St Augustine FL 32086  City/ State and Zip Code  shradshaw@buildersenterpriselle.com  F-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephen Bradshaw  Stephen Bradshaw  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Stephen Bradshaw  Stephen Bradshaw  Name of Contact Person  Stephen Bradshaw  Name of Contact Person  Stephen Bradshaw  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certified Copy  (Additional copy is Certified Copy  (Additional Copy is enclosed)  Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Clifton Building	_		Name of Contact Person	1)
Address  St Augustine FL 32086  City/ State and Zip Code  shradshaw@buildersenterpriselle.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephen Bradshaw  Name of Contact Person  Report For the following amount made payable to the Florida Department of State:  Stephen Bradshaw  Street Address Amendment Section Division of Corporations P.O. Box 6327  Address Address Amendment Section Division of Corporations P.O. Box 6327  City/ State and Zip Code  At (2)  Aldress Address Address Amendment Section Division of Corporations City/ State and Zip Code  Store Code  At (2)  Cathering Fee (2)  Street Address Amendment Section Division of Corporations Clifton Building	,	We-quipped Inc		
Address  St Augustine FL 32086  City/ State and Zip Code  shradshaw@buildersenterpriselle.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephen Bradshaw  Name of Contact Person  Name of Contact Person  Find State:  Stephen Bradshaw  Stephen Bradshaw  Name of Contact Person  For further information concerning this matter, please call:  Stephen Bradshaw  Area Code & Daysime Feleptione Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certified Copy  (Additional Copy  is enclosed)  Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Clifton Building	-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
St Augustine FL 32086  City/ State and Zip Code  shradshaw@buildersenterpriselfc.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephen Bradshaw  at (		369 Travino Ave		
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Stephen Bradshaw  Name of Contact Person  Rate Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	-	E-mail address: (to be us	sed for future annual report	notification)
Stephen Bradshaw  Name of Contact Person  Rate Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc				
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Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	<u>Maili</u>	ing Address	Street	Address
P.O. Box 6327 Clifton Building			Amendment Section	
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

of

(Name of Corporation as curre	ntly filed with the Florida D	ept. of State)	
P19000069581			
(Document Number	r of Corporation (if known)	<del>-</del>	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation	n adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation: Jobbox Co			The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corp	prporated" or the abl	previation
B. Enter new principal office address, if applicable: (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)		S Calling	19 OC 77
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		name of the	
Name of New Registered Agent			ສ
(Florida	street address)		
New Registered Office Address:		. Florida	
New Registered Office Address.	(City)	, 1 101 Ida (Zip Co	ode)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ions of the position.	
Signature of Nev	v Registered Agent, if changir	1g	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u> .	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
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4) Change			
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Remove			
5) Change			
Add			<del></del>
Remove			
6) Change	<del></del>		
Add			
Remove			

Tamending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)			
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		7.	
		72	19
	,	Z. S.	19 00
	ì	SC H D	130
	ì	SCLETCHESS	130
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	ì	SELECTIVE SELECTIVE SELECTION OF SELECTION O	00110
provisions for implementing the amendment if not contained in the amendment itself:	ì	1.0.385783.03 46.5777.1400	130
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provisions for implementing the amendment if not contained in the amendment itself:	1	CONTRACTOR CIAN	OCT 10 PM 1: 3
provisions for implementing the amendment if not contained in the amendment itself:	1	CONTRACTOR CIAN	OCT 10 PM 1: 3

	on:, i	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 40 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici-	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following statement woting group entitled to vote separately on the amendment(s):	
	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendmem(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
10/7/2019		
Dated		
Signature Stu	Marie Shim	
(By a direct	or, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court iductory by that fiductory)	
••		
Sie	ohen Bradshaw	
	(Typed or printed name of person signing)	<del></del>
CE		
	(Title of person signing)	