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(((H20000367154 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079

Phone : (305)804-1047 Fax Number : (866)767-7835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

er - 13	Address			
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COR AMND/RESTATE/CORRECT OR O/D RESIGN KER'SHAWN INVESTMENT CORP

Certificate of Status	0
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Page Count	05
Estimated Charge	\$35.00

Articles of Amendment

to

Articles of Incorporation

21.1 21 FM:55

	Q1	(((H20000367154 3)))
CER'SHAWN INVESTMENT CORP		
(Name o	f Corporation as currently fi	led with the Florida Dept. of State)
220000076637		
	(Document Number of Co	rporation (if known)
tursuant to the provisions of section 607.1 s Articles of Incorporation:	006. Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "Co	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 1."
B. Enter new principal office address, Principal office address MUST BE A ST	if applicable: TREET ADDRESS)	
Principal office address <u>MOST IDA ST</u>	(NEST NODNESS)	
C. Enter new mailing address, if appli	cable:	
(Mailing address MAY BE A POST (OFFICE BOX)	
	•	
D. If amending the registered agent an	d/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the nev	v registered office addréss:	
	SYLVIA D AUSTÍN	
Name of New Registered Agent	1202 KINGC DD	
	1393 KINGS RD	
	(Florida street	22300
New Registered Office Address:	JACKSONVILLE	, Florida
	(C_	ity) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	t t distinguisher of the position
I hereby accept the appointment as regist	tered agent. I am familiar wit	h and accept the obligations of the position.
	Sulvin To Austin	
	Single of March	sistered Agent, if changing
	Signature of Ivew Reg	patered Agent, if Changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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address of each Officer and/or Director being added:

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(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.

X Change	<u>PT</u> <u>J</u>	ohn <u>Doe</u>	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change	P	GEORGE K PASCAL	1393 KINGS RD
Add			JACKSONVILLE, FL 32209
X Remove			
2) Change	VP	SYLVIA D AUSTIN	1393 KINGS RD
Add			JACKSONVILLE, FL 32209
X Remove			
3) Change	P	SYLVIA D AUSTIN	1393 KINGS RD
X Add			JACKSONVILLE, FL 32209
Remove			
4) Change	VP	GEORGE K PASCAL	1393 KINGS RD
X Add			JACKSONVILLE, FL 32209
Romove			
5) Change			
Add			
Remove			
A) Charac			
6) Change			
Add			
Remove			

imt	Hector	Rodriguez

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amending or adding additional Articles, enter change(s) here:	(((H20000367154 3)))
tach additional sheets, if necessary). (Be specific)	
·	
<u> </u>	
f an amendment provides for an exchange, reclassification, or can	icellation of issued shares,
provisions for implementing the amendment if not contained in the	ne amendment itself:
(if not applicable, indicate N/A)	
	
	<u></u>

The date of each amendment(s) ac	option:, it other than the
date this document was signed.	
•	(((H20000367154 3)))
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more inan 90 ways after amenanem fue awe)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	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
bv	,"
·//	(voting group)
The amendment(s) was/were add 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
OCTOBE Dated	R 21, 2020
Signature Syl	Via D Austin lirector, president or other officer – if directors or officers have not been
selecto	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	SYLVIA D AUSTIN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)