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TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: SAN JOSE EQUI	FIES, INC.	
DOCUMENT NUMB			
	f Amendment and fee are st	bmitted for filing.	
Please return all corresp	nondence concerning this ma	tter to the following:	
i	Barbara Humphrey		
		Name of Contact Person	n
!	.aw Office of Robert A. Hee	kin	
_		Firm/ Company	
1	Chainsan Durdenson Coire 28	· ·	
_	Sleiman Parkway, Suite 28		
	Address		
J 	acksonville		
		City/ State and Zip Cod	e
finhnse	on@sleiman.com		
- Johnson		sed for future annual report	natification)
	rman address. (to be u.	sed for tature annual report	TRACTICATION)
For further information	concerning this matter, pleas	se call:	
Barbara Humphrey		at (636-9777 Ex 2
Barbara Humphrey at (904) 636-9777 Ex 2 Name of Contact Person Area Code & Daytime Telepho		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Mailing Address		<u>Street</u>	Address
Amen	idment Section	Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Cliñon Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SAN JOSE EQUITIES, INC.

(<u>Name</u>	of Corporation as curren	itly filed with the Florida Dept. of State)	
	P9400000	1386	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
N/A			The new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	
B. Enter new principal office address, if applicable:		N/A	
(Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if apple		N/A	्रांकृष्ट 🙃
(Mailing address <u>MAY BE A POST</u>)	<u>OFFICE BON</u>)		THE TO
			2 T
			The B
D. If amending the registered agent an	diameters and office ad	draw in Elevido, and an the warm of the	9
new registered agent and/or the new			
Name of New Registered Agent	Rockford Staten		. –
	1 Sleiman Parkway, Suit	e 270	
	(Florida s	treet address)	
New Registered Office Address:	Jacksonville	. Florida ³	2216
in the same of the		(City)	(Zip Code)
N 11	b		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ut; with and accept the obligations of the po:	sition.
<i>-</i>			
—— <i>[</i>	Signature of New	Registered Agent, if changing	
ν	_ ,, , , , , , , , ,		

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:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>Joh</u>	John Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
\underline{X} Add	<u>SV</u> <u>Sall</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	COO	Robert K. White	I Sleiman Parkway, Suite 270	
Add			Jacksonville, Florida 32216	
X Remove				
2) Change	V	Michael W. Herzberg	1 Sleiman Parkway, Suite 270	
X Add			Jacksonville, Florida 32216	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
	
F. If an amendment provides for an exch provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate $N/4$)	
N/A	
<u>, , , , , , , , , , , , , , , , , , , </u>	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
7	7/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file de	tte)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the a sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amenda	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sha	ireholder
June Dated	<u>25</u> 2018	
Circultura		
selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, of inted fiduciary by that fiduciary)	
	ELFT, SLEIMAN, JR.	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	Vice President	
	(Title of person signing)	