## P940000 38385

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TALLAHASSES, TLUMUA

FEB 15 2019

S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JC SALES, INCO	RPORATED	
DOCUMENT NUMB	BER: P94000038385		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NICOLE PEREZ		
		Name of Contact Person	1
		Firm/ Company	
	1900 N. Oak Haven Circle		
		Address	
	North Miami Beach, FL 331	79	
,		City/ State and Zip Cod	e
nicole	@jcsales.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
NICOLE PEREZ		at ( <sup>786</sup>	303-0099 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	nrtment of State:
S35 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  Amendment Section		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

JC SALES, INCORPORATED			
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P94000038385			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the a "Co". A professional corporation name must "P.A."	bbreviation
D. Vintur navy primainal office address	if unnlicables	1900 N. Oak Haven Circle	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		North Miami Beach, FL 33179	
		·	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1900 N. Oak Haven Circle	19
	(Mulling dudiess MAT DE ATOST OTTICE DOA		FEB F. 1
		(/) (/)	
D. If amending the registered agent an new registered agent and/or the new	w registered office addres		PH 6: 22
Name of New Registered Agent	NICOLE PEREZ		7.0
	1900 N. Oak Haven Circ	le	
	(Florida s	treet address)	_
New Registered Office Address:	North Miami Beach	33179 , Florida	
		(City) (Zip	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		et: - with and accept the obligations of the position.	
	1/		_
	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: X Change	<u>PT</u>	John Doe	
X Remove	$\overline{\Lambda}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	JOEL I. COHEN	10673 NW 62ND COURT
Add			PARKLAND, FL 33076
X Remove			
2) Change	VP	KAREN P. COHEN	10673 NW 62ND COURT
Add			PARKLAND, FL 33076
X Remove			
3 ) Change	PST	NICOLE PEREZ	1900 N. Oak Haven Circle
X Add			North Miami Beach, FL 33179
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
	<del> </del>
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not appread to the content of th	
	· ·
<del></del>	
<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
JANUARY 25, 2019  Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
JANUARY 25, 2019)	
Dated	
( )	
Signature	<del></del>
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	er court
NIOL PPILL	
(Typed or printed name of person signing)	
Plisident	
(Title of person signifig)	