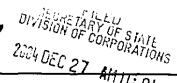
P95000064358



(Re	questor's Name)	
(Adı	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	 -
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer.	
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Office Use Only



Amend



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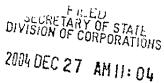
12/27/04--01050--022 **35.nn

· <u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

NAME OF	CORPORATION: JAX PANAMA, IN	NC.	
DOCUMEN	T NUMBER: P95000064358		
The enclosed	Articles of Amendment and fee are	submitted for filing.	
Please return	all correspondence concerning this	matter to the following:	
	DALE WOOD		
	(Name of	Contact Person)	
	JAX PANAMA, INC.		
	(Firm	/ Company)	
	2400 E. LAS OLAS BLVD., # 218		
	(1	Address)	,
	FORT LAUDERDALE, FLORIDA 3330	01	
	(City/ Stat	e/ and Zip Code)	
For further in	nformation concerning this matter, p	lease call:	
DALE WOOD		at (954) 761 - 878.	
	(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a	check for the following amount:		
☑ \$35 Filing F	ee ☐ \$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

•Articles of Amendment to Articles of Incorporation of



JAX PANAMA, INC.
(Name of corporation as currently filed with the Florida Dept. of State)
P95000064358
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE IVChange the principal address to 2400 E. Las Olas Bívd., #218,Ft. Lauderdale, FL33301,
and change the registered agent to DALE WOOD, whose address is
2400 E. Las Olas Blvd.,#218, FL 33301
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A

(continued)

The date of each amendment(s) adoption: December 13,2004				
(no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
		approved by the shareholders. The number of votes cast for reholders was/were sufficient for approval.		
		approved by the shareholders through voting groups. The separately provided for each voting group entitled to vote t(s):		
	"The number of votes cas	st for the amendment(s) was/were sufficient for approval by		
		(voting group)		
	The amendment(s) was/were and shareholder action was n	adopted by the board of directors without shareholder action ot required.		
	The amendment(s) was/were shareholder action was not re	adopted by the incorporators without shareholder action and equired.		
Signed this	day of December			
	Signature	A Cool		
	selected, by an in	sident or other officer - if directors or officers have not been acorporator - if in the hands of a receiver, trustee, or other court ary by that fiduciary)		
	DALE WOOD			
		(Typed or printed name of person signing)		
	PRESIDENT			
		(Title of person signing)		
I hereby ac I further ag of my dutie, document is corporation	ccept the appointment as register gree to comply with the provision is, and I am familiar with and acts being filed merely to reflect a man been notified in writing of the control of control (Signature of Registered Agent)	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the		
	. B	(Date)		