## 797000063219

|   |                 | (Req     | uestor's Name)  |              |   |
|---|-----------------|----------|-----------------|--------------|---|
|   |                 |          |                 |              |   |
| _                                       |                 | (Add     | ress)           |              | _ |
|   |                 |          |                 |              |   |
| _                                       |                 | (Add     | ress)           |              | _ |
|   |                 |          |                 |              |   |
|   |                 | (City    | /State/Zip/Phor | ne #)        | _ |
|   |                 |          |                 |              |   |
|   | PICK-           | UP       | MAIT            | MAIL         |   |
|   |                 |          |                 |              |   |
|   |                 | (Bus     | iness Entity Na | me)          |   |
|   |                 | ,        | ·               |              |   |
|   |                 | (Doc     | ument Number    | ·            | _ |
|   |                 | •        |                 | ,            |   |
| :ertifie                                | ed Copies       |          | Certificate     | es of Status |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 |          |                 |              |   |
|   |                 |          |                 | <del></del>  | 7 |
| Spec                                    | ial Instruction | ons to F | iling Officer:  |              |   |
|   |                 |          |                 |              | 1 |
|   |                 |          |                 |              | - |
|   |                 |          |                 |              | 1 |
|   |                 |          |                 |              |   |
|   |                 |          |                 |              |   |
|   |                 |          |                 |              |   |
|   |                 |          |                 |              | _ |





300319222373

10/16/18--01025--010 \*+35.00

BUTTER OF LOT FOR ATIONS

OCT 1 9 2018

D CUSHING

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: MR. T'S INC                        |  |  |            |
|-------------------------|--|--|--|------------|
| DOCUMENT NUM            | P97000063219                               |  |  |            |
| The enclosed Articles   | of Amendment and fee are su                | bmitted for filing.  |  |            |
| Please return all corre | spondence concerning this ma               | tter to the following:   |  |            |
|                         | CLIFFORD G MCGEHEE. I                      | 11   |  |            |
|                         |  | Name of Contact Person   | 1  |            |
|                         | JBCM HOLDINGS, LLC                         |  |  |            |
|                         |  | Firm/ Company  |  |            |
|                         | 830-13 ATA NORTH #                         | 154  |  |            |
|                         |  | Address  |  |            |
|                         | PONTE VEDRA BEACH, F                       | L 32082  |  |            |
|                         |  | City/ State and Zip Cod  | 2  | 18 O       |
| SHE                     | NDRIX7187@GMAIL.COM                        |  |  | 001        |
| <del></del> -           | E-mail address: (to be us                  | sed for future annual report                                       | notification)  | رَ         |
|                         |  |  |  | .m<br>     |
| For further information | n concerning this matter, pleas            | se call:   |  | 16 : II Hÿ |
| SCOTT HENDRIX           |  | 904<br>at (  | 239-8485   | <br>112    |
| Name                    | of Contact Person                          | Area Co  | de & Daytime Telephone Number  |            |
| Enclosed is a check fe  | or the following amount made               | payable to the Florida Depa  | artment of State:  | •          |
| ■ \$35 Filing Fee       | □S43.75 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) |            |
| Ma                      | iling Address                              | Street   | Address  |            |
|                         | endment Section                            |  | lment Section  |            |
|                         | ision of Corporations                      |  | on of Corporations   |            |
|                         | . Box 6327                                 |  | Building   |            |
| Tall                    | lahassee, FL 32314                         | 2661 E   | xecutive Center Circle   |            |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



MR. TS, INC

| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  WILLIAM S HENDRIX  9 COVE ROAD  (Florida street address)  232082                  | (Name (  | of Corporation as curren    | tly filed with the Florida Dept. of State)                        |
|--|--|-----------------------------|---|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:  A. If amending name, enter the new name of the corporation;  N/A  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address MUST BE A STREET ADDRESS)  StauGUSTINE, FL 32092  C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX)  PONTE VEDRA BEACH, FL 32082  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent   WILLIAM S HENDRIX | P97000063219   |                             | •   |
| A. If amending name, enter the new name of the corporation:  N/A  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co." A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  WILLIAM S HENDRIX  9 COVE ROAD  (Florida street address)  PONE VEDRA BEACH. 32082  |  | (Document Number            | of Corporation (if known)   |
| N/A  |  | 1006, Florida Statutes, thi | s Florida Profit Corporation adopts the following amendment(s) to |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  WILLIAM S HENDRIX  9 COVE ROAD  (Florida street address)  PONE VEDRA BEACH  32082   | A. If amending name, enter the new na  | ame of the corporation:     |   |
| "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  WILLIAM S HENDRIX  9 COVE ROAD  (Florida street address)  PONE VEDRA BEACH.  32082  | N/A  |                             | The new   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  ST AUGUSTINE, FL 32092  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  PONTE VEDRA BEACH, FL 32082  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent   | "Corp.," "Inc.," or Co.," or the design  | ration "Corp," "Inc." or    | "Co". A professional corporation name must contain the            |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  WILLIAM S HENDRIX  9 COVE ROAD  (Florida street address)  PONE VEDRA BEACH  32082  | R. Enter new principal office address  | if applicable:              | 7520 SR 13 NORTH  |
| (Mailing address MAY BE A POST OFFICE BOX)  PONTE VEDRA BEACH, FL 32082  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent   |  |                             | ST AUGUSTINE, FL 32092  |
| (Mailing address MAY BE A POST OFFICE BOX)  PONTE VEDRA BEACH, FL 32082  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent   |  |                             |   |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent  |  |                             | 830-13 A1A NORTH #154   |
| Name of New Registered Agent    Value of New Registered Agent  |  |                             | PONTE VEDRA BEACH, FL 32082                                       |
| Name of New Registered Agent    Value of New Registered Agent  |  |                             |   |
| Name of New Registered Agent  9 COVE ROAD  (Florida street address)  PONE VEDRA REACH 32082  |  |                             |   |
| 9 COVE ROAD  (Florida street address)  PONE VEDRA REACH 32082  | Name of New Revistered Avent   | WILLIAM S HENDRIX           |   |
| PONE VEDRA REACH 32082   |  | 9 COVE ROAD                 |   |
| Non-Remissional Collins Address PONE VEDRA BEACH Florida 32082   |  | (Florida s                  | treet address)  |
| NPW RESINITED LIBER ADDITION   | New Registered Office Address:   | PONE VEDRA BEACH            | , Florida 32082   |
| (City) (Zip Code)  | The state of the s |                             |   |
|  | New Registered Agent's Signature, if c   | hanging Registered Ager     | nt:   |
| New Registered Agent's Signature, if changing Registered Agent:  | I hereby accept the appointment as regist  | tered agent. I am familiai  | with and accept the obligations of the position.                  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   | le   |                             |   |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   | <del></del>  | Simplure of New             | Revistered Avent 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: $\underline{X}$ Change | <u>PT</u> <u>John</u> | n Doe              |                        |
|---------------------------------|-----------------------|--------------------|------------------------|
| X Remove                        | <u>V</u> <u>Mik</u>   | te Jones           |                        |
| X Add                           | <u>SV</u> <u>Sall</u> | y Smith            |                        |
| Type of Action<br>(Check One)   | <u>Title</u>          | Name               | <u>Addres</u> s        |
| 1) X Change                     | VP                    | THOMAS, TERRY      | 3121 WEST NAVY BLVD    |
| Add                             |                       |                    | PENSACOLA, FL 32505    |
| Remove                          |                       |                    | <u> </u>               |
| 2) Change                       | VPD                   | THOMAS, LARRY      | 3121 WEST NAVY BLVD    |
| Add                             |                       |                    | PENSACOLA, FL 32505    |
| X Remove                        |                       |                    |                        |
| 3 ) Change                      | Р                     | CLIFFORD G MCGEHEE | 7520 SR 13 NORTH       |
| X Add                           |                       |                    | ST AUGUSTINE, FL 32092 |
| Remove                          |                       |                    |                        |
| 4) Change                       | SEC                   | JOHN F BAILEY      | 412 HORSESHOE BEND CT  |
| X Add                           |                       |                    | JACKSONVILLE, FL 32224 |
| Remove                          |                       |                    |                        |
| 5) Change                       |                       |                    |                        |
| Add                             |                       |                    |                        |
| <del></del>                     |                       |                    |                        |
| Remove                          |                       |                    |                        |
| 6) Change                       |                       |                    |                        |
| Add                             |                       |                    |                        |
| Remove                          |                       |                    |                        |

| <u>If amending</u><br>(Attach <i>additi</i> | or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific) |
|---|---|
|   | 1 1   |
|   | · N ) / 1/  |
| · · ·                                       |   |
| · <del></del>                               | <del></del>   |
|   |   |
|   |   |
|   |   |
| ·   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| ·   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| f an amend                                  | ment provides for an exchange, reclassification, or cancellation of issued shares,              |
| provisions t                                | for implementing the amendment if not contained in the amendment itself:                        |
| (if not a                                   | applicable, indicate N/A)   |
|   |   |
| <del> </del>                                |   |
|   |   |
|   | V V / <del>I  </del>  |
| •   |   |
| <del></del>                                 |   |
|   |   |
|   |   |
|   |   |

| The date of each amendment                          |  | if other than the                 |
|---|--|-----------------------------------|
| fate this document was signed                       | 10/9/18  |                                   |
| Effective date <u>if applicable</u> :               | (no more than 90 days after amendment file date)   |                                   |
|   | this block does not meet the applicable statutory filing requirements, the Department of State's records.  | is date will not be listed as the |
| Adoption of Amendment(s)                            | ( <u>CHECK ONE</u> )   |                                   |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes east for the amenda are sufficient for approval.  | nent(s)                           |
|   | e approved by the shareholders through voting groups. The following stand for 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   |                                   |
| by  | (voting group)   |                                   |
| action was not required.                            | e adopted by the board of directors without shareholder action and share   |                                   |
| ☐ The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and sharehold   | er                                |
| se  | y a director, president or other officer—or directors or officers have not be lected, by an incorporator—if in the hands of a receiver, trustee, or other oppointed fiduciary by that tiduciary) |                                   |
| ·   | 0.91.1 C 0 (-1)  |                                   |
|   | (Typed or printed name of person signing)  |                                   |
|   | fres   |                                   |
|   | (Title of person signing)  |                                   |