

***PLEASE HONOR ORIGINAL SUBMISSION DATE OF 6/30/23

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I2016000017

Phone : (855)498-5500

Fax Number : (800)432-3622

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

Email Address: _____

2023 JUN 30 AM 9:55

FRI JUN 30

COR AMND/RESTATE/CORRECT OR O/D RESIGN**JAMES DOYLE & ASSOCIATES, INC.**

****PLEASE HONOR
ORIGINAL SUBMISSION
DATE OF 6/30/23**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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2023 JUN 11 PM 5:42



July 5, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: JAMES DOYLE & ASSOCIATES, INC.
REF: P98000003016

2023 JUN 30 AM 9:55

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The signature page is too dark to be properly scanned into public record.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON B ROBERTS
Regulatory Specialist III

FAX Aud. #: E23000232885
Letter Number: 923A00014950

Articles of Amendment
to
Articles of Incorporation
of
James Doyle & Associates, Inc.

H23000243264

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000003016

(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) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

JDA Media, Inc.

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 Capitol Corporate Services, Inc.

515 E. Park Avenue, Floor 2

(Florida street address)

New Registered Office Address: Tallahassee, Florida 32301

(City)

(Zip Code)

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.



Kim Tadlock, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|-------------|--------------------------|---------------------------------|
| 1) <input type="checkbox"/> Change | <u>DCEO</u> | <u>James H. Doyle</u> | <u>7711 Holiday Drive</u> |
| <input type="checkbox"/> Add | | | <u>Sarasota, Florida 34231</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | <u>DP</u> | <u>Angela Betasso</u> | <u>7711 Holiday Drive</u> |
| <input type="checkbox"/> Add | | | <u>Sarasota, Florida 34231</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>DCEO</u> | <u>George Laughlin</u> | <u>220 E. Las Colinas Blvd.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Suite C-210</u> |
| <input type="checkbox"/> Remove | | | <u>Irving, Texas 75039</u> |
| 4) <input type="checkbox"/> Change | <u>DS</u> | <u>Stephen Wade</u> | <u>220 E. Las Colinas Blvd.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Suite C-210</u> |
| <input type="checkbox"/> Remove | | | <u>Irving, Texas 75039</u> |
| 5) <input type="checkbox"/> Change | <u>DCEO</u> | <u>Claudia Moglovkin</u> | <u>220 E. Las Colinas Blvd.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Suite C-210</u> |
| <input type="checkbox"/> Remove | | | <u>Irving, Texas 75039</u> |
| 6) <input type="checkbox"/> Change | <u>D</u> | <u>Michael Miller</u> | <u>220 E. Las Colinas Blvd.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Suite C-210</u> |
| <input type="checkbox"/> Remove | | | <u>Irving, Texas 75039</u> |

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

06/30/2023
Dated _____

Signature Stephen Wade
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Stephen Wade

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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FILED

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