P99000035071

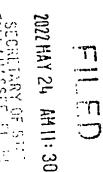
(Req	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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	J. HORN AUG - 1	2022

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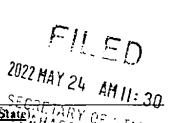
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	MRE of JAX, Inc.			
DOCUMENT NUME	P99000035071	<u> </u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Michelle Lea Nowlin			
		Name of Contact Person	1	
	MRE of JAX, Inc.			
		Firm/ Company		
	6005 Powers Ave., Ste. 104			
		Address		
	Jacksonville, FL 32217			
		City/ State and Zip Code	2	
	michellelea@mreofjax.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:	379-6908	
	of Contact Person	at (de & Daytime Telephone Number	
	r the following amount made			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



MRE of JAX, Inc.

(Name	of Corporation as currently	filed with the Florida Dept. of State ARY OF STATE
P99000035071		MASSEE TO THE
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this F	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	'orp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp." professional corporation name must contain the word
D. Enter new principal office address	if applicable:	N/A
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl	icable:	N/A
(Mailing address MAY BE A POST	OFFICE BOX)	N/A
D. If amending the registered agent at new registered agent and/or the ne	<u>id/or registered office addre</u> w registered office address:	ess in Florida, enter the name of the
·	Michelle Lea Nowlin	
Name of New Registered Agent	6005 Powers Ave., Ste. 104	
	(Florida stre	
	Jacksonville	32217
<u>New Registered Office Address:</u>		, Florida
		•
New Registered Agent's Signature, if c	hanging Registered Agent:	ich and a company of the position
Thereby accept the appointment as regis.	ierea ageni. Tam jamiliar w	ith and accept the obligations of the position.
		•
	Signature of New Re	gistered Agent, if changing

Check if applicable

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

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)

Example:

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.

X Change	PT	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>		
X Add	<u>sv</u>	Sally Sn	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	N/A	_	N/A		N/A
Add					
Remove					
2) Change		_			
Add					
Remove Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change				_	
Add					
Remove					
6) Change	-	_			
Add					
Remove					

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f an ame <u>ndm</u>	ent provide	s for an exc	hange, recla	ssification. c	r cancellatio	on of issue	d shares.		
provisions fo	<u>r implemen</u>	ting the ame	endment if n	ot contained	l in the ame	ndment its	elf:		
(if not ap	plicable, ind	icate N/4)							
1									
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The date of each amendment(s)	N/A	, if other than the
the date of each amendment(s): date this document was signed.	taoption:	if other than the
_	20/2022	
Effective date <u>if applicable</u> :	d 00 t 00	allies v
	tno more than 90 days after amendment file	aate)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	opted by the shareholders. The number of votes cast for thufficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The for r each voting group entitled to vote separately on the amen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by N/A		
uy	(voting group)	
select	director, president or other officer – if directors or officers ed, by an incorporator – if in the hands of a receiver, trusted	
арроі	nted fiduciary by that fiduciary)	
	Mark S. Rowden	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	