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SECRETARY OF STATE
ALL AHLESSEE FOR BOTH

FILED

C. LEWIS

MAR 1 4 3014

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	TION: J-RO GF	ROUNDING					
DOCUMENT NUMBE	R: P00000022	2843					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this matter to the following:							
	CHRISTINE PENDLETON						
	Name of Contact Person						
_	SOUTHEAST ACCOUNTING & TAX SERVICES, INC						
		Firm/ Company					
	713 E. ATLANTIC BLVD						
	Address						
	POMPANO BEACH, FL 33060						
	City/ State and Zip Code						
SEA@SOUTHEASTACCTG.COM							
	E-mail address: (to be us	sed for future annual report	notification)				
For further information concerning this matter, please call:							
	enevining into matter, produ						
CHRISTINE I	PENDLETON	at (954	, 941-7328				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
■ \$35 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)				
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301				

APPROVED AND

Articles of Amendment Articles of Incorporation

14 HAR 14 AH 11:50

SECRETARY OF STATE TALEAHAUSEE, FLORIDA

J-RO GROUNDING SYSTEMS INC

(Name of Corporation as currently filed with the Florida Dept. of State) P00000022843

nent(s) to

(Document Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	434 LAKEVIEW DR		
(Principal office address MUST BE A STREET ADDRESS)	SOUTHINGTON, CT 06489		
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 ad			
new registered agent and/or the new registered office addre			
Name of New Registered Agent 713 E ATLAN			
	street address)		
New Registered Office Address: POMPANO BE	•		
Kew Registered Office Address. (Cit	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia. Signature of New Registered	r with and accept the obligations of the position.		

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 Do	<u>be</u>	
X Remove	V	Mike Jo	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	<u></u>			
Add		•		
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

mending or adding additional Ar ach additional sheets, if necessary)	. (Be specific)			
				_
				
				
an amendment provides for an ex rovisions for implementing the an	change, reclassif	ication, or canc	<u>ellätion ot issued</u> amandment itsa	<u>snares,</u> If
(if not applicable, indicate N/A)	nenament n not t	contained in the	umenament use	····
,				
			<u> </u>	



The date of each amendment(s) a	14 MAR 14 AMII: 50	, if other than the
date this document was signed.	SECRETARY OF STATE TALL AHAGSES, FLORIDA	, n only than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(officient for approval.	(s)
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_MARC	H 10, 2014	
Signature	dy Do Lo	
(Ry a c	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	ırt
	JOHN D DELEO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	