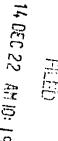
(Ře	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

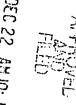
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RS CARE	S FOUNDA	ATION CORP.		
DOCUMENT NUMBER: N110000079	973			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
NATALYA STASYUK				
(Name of Contact Person	n)		
RS CARES FOUNDATIO	ON CORP.			
	(Firm/ Company)			
1899 PORTER LAKE DF	R, SUITE 10)2		
	(Address)			
SARASOTA, FL 34240				
(City/ State and Zip Cod-	e)		
info@rscares.org				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please c	all:			
NATALYA STASYUK	at (941	, 404-1000		
(Name of Contact Person)		ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

RS CARES FOUNDATION	ON CORP.		芒语	R
(Name of Corporation as currently	y filed with the Florida Dept. of State)		FIN	ری -
N11000007973			900	2
(Docu	ment Number of Corporation (if known)		ii.	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		or Profit Corpo	بند pration adopts: the	followi
A. If amending name, enter the new nat	ne of the corporation:		بي	
				The ne
"Company" or "Co." may not be used in B. Enter new principal office address, if (Principal office address MUST BE A ST) C. Enter new mailing address, if applic (Mailing address MAY BE A POST Office) D. If amending the registered agent and new registered agent and/or the new	f applicable: REET ADDRESS) able: FFICE BOX)	ı, enter the nan	ne of the	- - -
Name of New Registered Agent:	SKYWAY LAW GROUP	P.A.		
	13700 58th Street North,	,	•	
New Registered Office Address:	(Florida street address)		-	
	Clearwater	Florida	33760	
	(City)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code	 e)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			s of the position.	

Page 1 of 4

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 <math>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 X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	RICHARD H ELDREDGE	1899 PORTER LAKE DR
Add			STE 102
X Remove			SARASOTA, FL 34240
2) Change	PD	PATRICIA HARRISON	1899 PORTER LAKE DR
Add			STE 102
X			SARASOTA, FL 34240
3) Change	VPD	DAVID ELDREDGE	1899 PORTER LAKE DR
Add			STE 102
X Remove			SARASOTA, FL 34240
4) Change	PD	DAVID FERNANDEZ	1899 PORTER LAKE DR
X			STE 102
Remove			SARASOTA, FL 34240
5) Change	D	VICKI HEMPLE	1899 PORTER LAKE DR
X			STE 102
Remove			SARASOTA, FL 34240
6) X Change	CEOTD	NATALYA STASYUK	1899 PORTER LAKE DR
Add			STE 102
Remove			SARASOTA, FL 34240
Kemove		Page 2 of 4	

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)

	this document was signed.	, if other than the				
Effe	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)					
Ada	option of Amendment(s) (<u>CHECK ONE</u>)					
8	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.					
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated 12/19/2014					
	Signature Natalya Stasyuk					
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)					
	Natalya Stasyuk NStasyuk					
	(Typed or printed name of person signing)					
	CEO					
	(Title of person signing)					