## NI10000007973

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	RES FOUNDATION COI	RP	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and	d fee are submitted for fili	ng.	
Please return all correspondence concern	ing this matter to the follo	wing:	
NATALYA STASYUK			
	(Name of Co	ontact Person)	
RS CARES FOUNDATION CORP			
	(Firm/	Company)	· · · · · · · · · · · · · · · · · · ·
1718 MAIN STREET, SUITE 200A			
	(Ad	dress)	
SARASOTA, FL 34236			
	(City/ State	and Zip Code)	
natalyas@rscares.org			
E-mail addres	s: (to be used for future a	nnual report notification	1)
For further information concerning this n	natter, please call:		
NATALYA STASYUK		941 at	404-1000 ext. 1001
(Name of Co	ontact Person)		(Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the	Florida Department of	State:
	Filing Fee & \$\Bigs\tag{\$43.75 Fi}\$ ate of Status Certified (Addition enclosed)	Copy Certifal Copy is Certifal Copy	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Street Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

RS CARES FOUNDATION CORP		
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)
N11000007973		
(Docur	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		20.6
	J. 11	The New
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if applica	ible:	<b>3</b> 研究 <u>3</u>
(Principal office address MUST BE A STREET A		7, BC
		mr N
		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
D. If amending the registered agent and/or regi		enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	FERNANDEZ BENJAMIN, PI	.LC.
	1718 MAIN STREET, SUITE 2	200A
		lorida street address)
New Registered Office Address	•	•
	SARASOTA	, Florida 34236
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		ia in a ka w
I hereby accept the appointment as registered agei	nt. I am jamiliar with and accept	the obligations of the position.
-	Signature of New Regis	tered Agent, if changing
	E DIKTIMIATE OF HERM NEXA	I UI UII /I KUIII, II UIIUIIKIIK

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 X Remove X Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	FREDERICK CLARK	1718 MAIN STREET
Add			SUITE 200A
X Remove			SARASOTA, FL 34236
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
•	
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
	· · · · · · · · · · · · · · · · · · ·

	•	06/01/2015	
	date of each amenda this document was sig		, if other than the
Effe	ective date <u>if applicab</u>	. 06/01/2015 le:	
	<del> </del>	(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will no on the Department of State's records.	t be listed as the
Ada	option of Amendment	(s) (CHECK ONE)	
	The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	Dated	6/01/2015	
	Signature		
	ha	y the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
		DAVID FERNANDEZ	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	