NII000007973

(Re	questor's Name)	<u> </u>
(Ad	dress)	
, (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· ·
Certified Copies	_ Certificates	s of Status
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AUG 2 5 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	RS CARES FOUN	NDATION CORP.				
DOCUMENT NUMBER:	N11000007973	itted for filing.				
Please return all correspondence of	concerning this matter	to the following:				
NATALY	A STASYUK					
	0	Name of Contact	Person)			
RS CARE	ES FOUNDATION CO	ORP.				
		(Firm/ Compa	пу)			
1718 MA	IN STREET, SUITE 2	200A				
		(Address)				
SARASO	TA, FL 34236					
	(City/ State and Zi	p Code)			
	@rscares.org I address: (to be used t	for future annual (eport not	ification	-	<u> </u>
For further information concerning	ng this matter, please c	ail:				
NATALYA	A STASYUK		at 94	1 1	404-100	0 EXT. 1001
(Na	ne of Contact Person)		(Area	Code)	(Daytime Telep	hone Number)
Enclosed is a check for the follow	wing amount made pay	able to the Florid	a Departi	nent of S	State:	
	\$43.75 Filing Fee & C Certificate of Status	LI\$43.75 Filing F Certified Copy (Additional cop enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

Street Address
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.

AHON CORP.	lent, of State)
	TRILLIAM I
ent Number of Corporation (if known)
	flt Corporation adopts the following
	The new
"corporation" or "incorporated" or	
ole: DDRESS)	3>: 74-5 74-7
	(n)
<u> </u>	0R/1
tered office address in Florida, ente d office address:	r the name of the
N.E.L. AND TRUST LLC.	
5077-109 FRUITVILLE RD, STI	133
(Florida	street address)
SARASOTA	, Florida34232
(City)	(Zip Code)
existered Agent: L I am familiar with and accept the	obligations of the position.
1/ Jame	
	ent Number of Corporation (if known da Statutes, this Florida Not For Processor Corporation: "corporation: "corporation" or "incorporated" or de: DRESS) Level office address in Florida, entered office address: N.E.L. AND TRUST LLC. 5077-109 FRUITVILLE RD, STE (Florida SARASOTA (City)

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 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	Y Mik	a Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	FERNANDEZ, DAVID	1718 MAIN ST, STE 200A
Add			SARASOTA, FL 34236
X Remove			Annual Control Control
2) Change	<u>D</u>	HEMPLE, VICKI	1718 MAIN ST, STE 200A
Add			SARASOTA, FL 34236
X Remove			
3) X Change	PD	RAWSON, JACOBA A.	1718 MAIN ST, STE 200A
Add			SARASOTA, FL 34236
Remove			
4) Change	D	KROTEC, JOHN T.	1718 MAIN ST, STE 200A
X Add			SARASOTA, FL 34236
Remove			
5) Change	D	GIANNINI, RAYMOND R.	1718 MAIN ST, STE 200A
X Add			SARASOTA, FL 34236
Remove			
6) Change	D	GONNELLO, SCOTT	1718 MAIN ST, STE 200A
X Add			SARASOTA, FL 34236
Remove			

L. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	
	
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	·····

The date of each amendment(s) adoption date this document was, signed.	06/16/2016	, if other than th
Effective date if applicable:	(
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
There are no members or members en adopted by the board of directors.	stitled to vote on the amendment(s). The amendment(s) was/were	
Dated08/01/20	16	
Signature	n. Stasm	
have not been sele	r vice chairman of the board, president or other officer-if directors exted, by an incorporator – if in the hands of a receiver, trustee, or ited fiduciary by that fiduciary)	
	NATALYA STASYUK	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	