## P1400049520

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JUN 2 0 2018 S. YOUNG FILE W B JUN 18 PH 3:52 ALCRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Pestoration And, Inc.				
DOCUMENT NUMBER: P14000049520					
The enclosed Articles of Amendment an	d fee are submitted for filing.				
Please return all correspondence concerr	ring this matter to the following:				
	Daniel P. Moody Name of Contact Person				
	201 Avonitale Ave				
	201 Avondale Ave  Address  Temple Terrace, FL 33617  City/State and Zip Code				
E-mail addre	damody 8/809 mail. com ss: (to be used for luture annual report notification)				
For further information concerning this r	natter, please call:				
Amanda Ma	ody at (913) 990-9892  Area Code & Daytime Telephone Number				
Enclosed is a check for the following am	ount made payable to the Florida Department of State:				
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate	ing Fee & Status   Status   Status   Status   Status   Certified Copy   Ce				
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation of

Restorati	on Aid, Inc.
	tly filed with the Florida Dept. of State)
Plupa	0049520
	of Corporation (if known)
(Document National	n corporation (it known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
D 11: 1 . 11	
name must be distinguishable and contain the word "corporation"	on " "company" or "incorporated" or the abbreviation
"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:	
(Principal office address MUST BE A STREET ADDRESS)	
	<del></del>
	14 F2 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Making address MAT BE A FOST OF FICE BOX)	
	Since the second
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	· 6日 5
Name of New Registered Agent	<b>3</b>
The state of the s	
(Florida )	reet address)
(Firman se	rect addressy
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
r nervoy weeeps the appointment as registered agent. I am familiar	жий или иссерт не оонцинонь од те ромнон.
Signature of New I	Registered Agent, if changing

1/A ....

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	PT	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
I)Change		_				
Add						
Remove				<del>.</del>		
2) Change						
Add						
Remove						
3 ) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add			_			
Remove						
6) Change		_				
Add						
Remove						

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
Owner P (Title of person signing)	<u></u>