P95000048849

(Requestor's Name)			
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(Cit	iy/State/Zip/Phoni	e #)	
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DIVISION OF GOSPOSIALIDE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Rickard Testing	& Consulting, Inc.	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Scott Kimpel		
		Name of Contact Pers	on
	Rickard Testing & Consul-	ting, Inc.	
		Firm/ Company	
	10902 Versailles Blvd		
		Address	
	Clermont, FL 34711		
		City/ State and Zip Co	de
skim	pel003@cfl.rr.com		
	· -	sed for future annual repo	rt notification)
For further information	n concerning this matter, pleas	se call:	
Scott Kimpel		at (467-7772
Name	of Contact Person	Area C	Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida De	partment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amer Divis Clifto	et Address Indment Section It is is a continuous on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

15 NOV 30 AMII: 19 Rickard Testing & Consulting, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P95000048849 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Rickard, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) X/A 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		···		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)	
x/ /A		
13 / -		
-		
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If an amendment provides for an exclusions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable indicate M/A)	endment if not committed in the minimum region	
(if not applicable, indicate N/A)		
(у погаррисате, такае N/A)		
(ij noi applicable, inaicale N/A)		

The date of each amendment(s)	adoption://A	, if other than the
date this document was signed.	4/00/0045	FILED SEORETARY OF STATE
Effective date if applicable:	1/22/2015	DIVISMA OP CORPOS DI CIDA
	(no more than 90 day	s after amendment file date) 15 NOV 30 AMII: 19
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were		ber of votes cast for the amendment(s)
	approved by the shareholders through voice some some state of the shareholders are some some some some some some some som	voting groups. The following statement reparately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were suff	icient for approval
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without	out shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without sl	nareholder action and shareholder
11/22/20 Dated	015	_//
Signature	Soft (/	
selec	a director, president or other officer — in the hand officer — if in the hand officer — if in the hand officer by that fiduciary)	
	Scott E. Kimpel	
	(Typed or printed name	of person signing)
	President	
	(Title of per	son signing)