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(Requestor's Name) (Address) (Address)	900337519279
(City/State/Zip/Phone #)	12/09/1901007026 **43.75
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	SECH TAL
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COVER LETTER

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TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: R & R Maintenand	ce, Inc.	
DOCUMENT NUM			
	of Amendment and fee are su	somitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Lisa Cogan		
		Name of Contact Perso	n
	R & R Maintenance, Inc.		
		Firm/ Company	
	405 Golfway West Drive, Sta		
		Address	
	St Augustine, FL 32095		
		City/ State and Zip Cod	¢
Lisa)rmefl.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas		328-7333
	of Contact Person	at () 328-7333 de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Status Certificate of Status Certified Copy (Additional Copy is enclosed)
Ama Divi P.O.	ling Address indment Section sion of Corporations Box 6327 ahassee, 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

R & R Maintenance, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

497638

(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:

R & R of Northeast Florida, Inc.

The new 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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		SE 2019	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		DEC -9 PH12: DRETARY DI ST	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres <u>Name of New Registered Agent</u>	<u></u>		
(Florida si	treet address)		
New Registered Office Address:	(Cuy)	(Xip Code)	
<u>New Registered Agent's Signature, if changing Registered Agen</u> I hereby accept the appointment as registered agent. I am familiar		ition.	

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)

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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, PFs a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe		ICANA	
X Remove	V <u>Mike Jones</u>			
_X Add	SV Sally Smith		COF STATE SEE, FL Address	O
<u>Type of Action</u> (Check One)	<u>Title</u> <u>Name</u>	2	LAHASSEE, FL Address	
1) Change	P Robe	п I Reed, Jr.	405 Golfway West Dr.	
Add			Ste 103-D	
X Remove			St Augustine, FL 32095	
2) X Change	P, D Robe	rt A. Reed	405 Golfway West Dr.	
Add			Ste 103-D	
Remove			St Augustine, FL 32095	
3) Change				
Add				
Remove				
4) Change	<u> </u>			
Add				
Remove				
5) Change	<u></u>			
Add				
Remove				
ο) Change				
Add				
Remove				

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		

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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

November 8, 2019 The date of each amendment(s) adoption:, if other than the date this document was signed.
date uns document was signed.
Effective date if applicable:
(no more than 90 days after amenament file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)
by
by
November 8, 2019
Signature Dould A Read
(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)
Robert A. Reed
(Typed or printed name of person signing)

Vice-President and Director

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(Title of person signing)