523228

(Requestor's Name)	
(Address)	
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(realisssy	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
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2020 APR 27 PH 1:07

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RSON TRAVE/INC.
DOCUMENT NUMBER: 5232	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
	Name of Contact Person
JEFFE	KSON TRAVE / N.C. Firm/ Company
	Military Trail
De kay	BcH, Fl. 33484 City/ State and Zip Code
Je-fferson to E-mail address: (to be For further information concerning this matter, ple	used for future annual report notification) ease call:
JACKIE SHAKIN	at (567) 495-0703-
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a cheek for the following amount mad	de payable to the Florida Department of State:
S35 Filing Fee Certificate of Status	5
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation	n as currently filed with the Florida Dept. of State	720
523228		2020 APR
	ent Number of Corporation (if known)	
B		2,
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the fo	ollowing amendme
A. If amending name, enter the new name of the cor	poration:	<u>ج</u> '
NA		The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrey,	or "Co". A professional corporation name must	previation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDI</u>	19941 KAMENA Boynton BCH, F.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Boynton Bch, F	c/e :1. 33436
D. If amending the registered agent and/or registere new registered agent and/or the new registered of New Registered Agent	ffice address:	
	1 KAMENA CIRCK (Florida street address)	· · ·
New Registered Office Address:	Boynton Bett , Florida_	334360 (Zip Code)
New Registered Agent's Signature, if changing Regist the appointment as registered agent. It		sition.

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Address of each Officer (Attach additional sheet. Please note the officer/d P = President: V= Vice Executive Officer: CFO President, Treasurer, Di Changes should be noted	s, if neces irector til President = Chief F rector wo d in the fa aves the c	isary) the by the first letter of the office title: tt; T= Treasurer; S= Secretary; D= Director; TR= Tr Financial Officer. If an officer/director holds more than ould be PTD. ollowing manner. Currently John Doe is listed as the I corporation, Sally Smith is named the V and S. These s	custee; C = Chairman or Clerk; CEO = Chief to one title, list the first letter of each office held. PST and Mike Jones is listed as the V. Thare is
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change	-		
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			

Remove

Attach additional sheets, if necessary).	icles, enter change(s) (Be specific)		
		/2	
		N/A	
		,	
<u> </u>			
	<u> </u>		
	_		<u> </u>
	<u> </u>		
			
-			
an amendment provides for an exch	anue reclussification	or appeallation of iguard shows	
rovisions for implementing the amer	ndment if not contain	red in the amendment itself:	
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)	NA		
(if not applicable, indicate N/A)	N/A		- <u>-</u>
(if not applicable, indicate N/A)	N/A		
(if not applicable, indicate N/A)	N/A		
(if not applicable, indicate N/A)	N/A		
(if not applicable, indicate N/A)	N/A		
(if not applicable, indicate N/A)	N/A		
(if not applicable, indicate N/A)	N/A		
(if not applicable, indicate N/A)	N/A		
(if not applicable, indicate N/A)	N/A		

The date of each amendment date this document was sign	
Effective date if applicable	Who ha
	(no more than 90 days after amendment file date)
Note: If the date inserted document's effective date of	n this block does not meet the applicable statutory filing requirements, this date will not be listed as to the Department of State's records.
Adoption of Amendment(
The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
☐ The amendment(s) was/must be separately prov	vere approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated	(By director, president or other officer - if directors or officers have not been selected by an incorporator - if in the bands of a receiver trustee or other court
Signature	Jacqueline Shakin
~ · · · · · · · · · · · · · · · · · · ·	(By 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)
	JACQUE/INE SHAKIN
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)