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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ST-RA INC			
DOCUMENT NUM				
	es of Amendment and fee are su	ibmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	HEATHER WETSELL			
		Name of Contact Perso	n	
	ARU BUSINESS SERVICE	S		
	 .	Firm/ Company		
	6702 N GUNLOCK AVE	,,		
		Address		
	TAMPA, FL 33614			
		City/ State and Zip Cod	e	
	ARU.RENEWALS@GMAII	L.COM		
		sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call: at (870-0060	
Name of Contact Person		Area Co	dc & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
M	ailing Address	Street	Address	
	nendment Section	Amendment Section		
	vision of Corporations	Division of Corporations		
	D. Box 6327		entre of Tallahassee	
l a	Hahassec, FL 32314	2415 (V. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ST-RA INC

S1-RA INC		
(Name	of Corporation as currently filed	with the Florida Dept. of State)
551493		
	(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
	·	TI
	Corp." "Inc." or "Co". A profes	The new v, "or "incorporated" or the abbreviation "Corp.," ssional corporation name must contain the word
B. <u>Enter new principal office address.</u> Principal office address <u>MUST BE A S</u>		
		
C. Enter new mailing address, if appl		
(Mailing address MAY BE A POST	OFFICE BOX)	\sim \sim \sim
		7
		2:
		5
 If amending the registered agent as new registered agent and/or the ne 		Florida, enter the name of the
	BILL MAMOLOU	
Name of New Registered Agent	7936 SLATE COURT	
	(Florida street addre	227
N. B. C. Joon All	NEW PORT RICHEY	34654
New Registered Office Address:	(City)	, Florida (Lip Code)
		, ,
New Registered Agent's Signature, if c		
hereby accept the appointment as regist	vered agent. I am familiar with and	accept the obligations of the position.
ج · ا	Significant	
••	Signature of New Registere	d Agent, if changing

Check if applicable

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

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		_	
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional ttach additional sheets, if necessa	ry). (Be specific)	ase and early.		
				
				
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an amendment provides for an provisions for implementing the (if not applicable, indicate N/.	amendment if not	fication, or cancelle contained in the a	ation of issued sha mendment itself:	re <u>s.</u>
· · · · · · · · · · · · · · · · · · ·				

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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)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment sufficient for approval.	(s)
	oproved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes case	at for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary) BILL MAMOLOU	
	(Typed or printed name of person signing)	
	, , ,	
	PD	
	(Title of person signing)	

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