## K82194

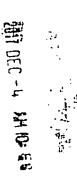
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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## **COVER LETTER**

**TO:** Amendment Section

Division of Corp	orations				
NAME OF CORPOR	1/0010	,	* Recovery Inc		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Care	Name of Contact Person	n		
		Firm/ Company			
	2420 Harlock Rd Address				
		Address			
	Melbourne	FL 3Z	934		
	Melbourne, FL 32934 City/ State and Zip Code				
	CBBush I E-mail address: (to be us	954 @ Aod sed for future annual report	COM notification)		
For further information	n concerning this matter, pleas	se call:			
Carol	Bush	at (321	de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment 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)		
	ling Address		Address		
Ame	endment Section	Amend	Iment Section		

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	Articles of Amendment
· ·	Articles of Amendment to Articles of Incorporation
•	Articles of Incorporation of
	owing & Recovery, INC.
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
K8219	74
(Docum	ment Number of Corporation (if known)
arsuant to the provisions of section 607.1006. Florid Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendme
If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
Enter new principal office address, if applicable	e:
rincipal office address <u>MUST BE A STREET AD</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OV)
	·····
If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the
new registered agent and/or the new registered	once aguress.
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Office Address:	(City) , Florida (Zip Code)
ew Registered Agent's Signature, if changing Rephasehy accept the appointment as registered agent	gistered Agent:  I am familiar with and accept the obligations of the position.
icres, accept the appointment as registered agent.	t am juminar with und accept the congunous of the position.
Sign	nature 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 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>	<u>Addres</u> s
l) Change	P	Kevork Ursulean	1621 Cypress Auc
Add			Melbairne, FL
X Remove			3273)
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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	<del> </del>			<del></del>
f an amendment provides for an excl	ange, reclassification	or cancellation of is	sued shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	ed in the <u>amendmen</u>	t itself:	
•				
			-	
	· ·		<u> </u>	
			-	

The date of each amendment(s) adoption	- 1/11/17		, if other than the
date this document was signed.  Effective date if applicable:	11/11/17		le date)
	(no more than	90 days after amendment fi	le date)
Note: If the date inserted in this block do document's effective date on the Department		icable statutory filing requ	irements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adopted by by the shareholders was/were sufficient		ne number of votes cast for	the amendment(s)
☐ The amendment(s) was/were approved be must be separately provided for each verifies.			
"The number of votes cast for the	amendment(s) was/we	ere sufficient for approval	
by		······································	
	(voting group)		
☐ The amendment(s) was/were adopted by action was not required.	v the board of director	s without shareholder actio	n and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators wit	thout shareholder action and	d shareholder
Dated 11/17			
Signature An	AB.	<del></del> _	
(By a director,		icer – if directors or officer	
	n incorporator — if in the iciary by that fiduciary	he hands of a receiver, trust	ee, or other court
аррописи паа	· A		
	('arol	Bish	
<del></del>	(Typed or printed	I name of person signing)	
	Presic	den-t	
	(Title	of person signing)	