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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Rest	oration INC.	
DOCUMENT NUMBER: NOT UC	00011658	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Stephanie (Name of	Contact Person)	
<u>Restoration</u> (Firm	TM· / Company)	<u> </u>
2855 Apalac	hae DVATKWOY	<u> </u>
Tallahossee F	(. 3230) te and Zip Code)	
Stephearles @ Commanderes (to be used	for future annual report notificati	on)
For further information concerning this matter, please	e call:	
Stephanie G/es (Name of Contact Person)	at (<u>\$50</u>) <u>408 -</u> (Area Code & Daytime	26 4/ Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	S

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

10 SEP 14 PM 48 33

. of	
Rostoration +	SECRETARY OF STATE FALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with	
N670001165	8
(Document Number of Corporate	ion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	t be used in the name.
B. Enter new principal office address, if applicable:	2855 Apalachee PWKX # BILS
(Principal office address MUST BE A STREET ADDRESS)	2855 Apalachee PWKX # 13118 Tallahassee F1 32301
•	
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 new registered agent and/or the new registered office ad	
Name of New Registered Agent:	\mathcal{L}
	Apolocher PWKY # 13118
New Registered Office Address: (Flor	ida street address)
Tallah	assee , Florida 32301
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am	Agent: familiar with and accept the obligations of the
position.	$\bigcirc \cdot \bigcirc$.
Signatura of Man	Registered Agent, if changing
Signature of ivew	Acginici cu Agent, y chunging

Page 1 of 3

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)

<u>Title</u>	Name	Address	Type of Action		
<u>V-P</u>	Sheldon Williams	841 NE 90th St #2 Wigni Shures	☐ Add ☐ Remove		
Sec	Orian Le Beau	Miami Shures 33138	Add □ Remove		
Dir	Jestery Mills		☑ Add □ Remove		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
		<u> </u>			

The date of each amendment(s) ac	doption:
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
DatedSignature	14/10 tropo GS
have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)

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