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COVER LETTER

TO: Amendment Section Division of Corporations

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Troop Rewards, Inc NAME OF CORPORATION:	·		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Tom Burkett			
	(Name of Contact Pe	erson)	
Troop Rewards, Inc.			
	(Firm/ Company	·)	
11928 Royce Waterford Circle			
	(Address)	<u> </u>	
Tampa, Fl 33626			
	(City/ State and Zip	Code)	
tom@trooprewards.org			
E-mail address: (to be used	for future annual rep	ort notification))
For further information concerning this matter, please	call:		
Tom Burkett	at	813	285-1576
(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida I	Department of	State:
\$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section Division of Corporations	An	reet Address nendment Sectivision of Corpo	7.77

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

rently filed with the Flori	da Dept. of State)
mber of Corporation (if kn	own)
tutes, this Florida Not For	Profit Corporation adopts the following
ration:	
	The new
oration" or "incorporated	or the abbreviation "Corp." or "Inc."
N/A	
<u>SS</u>)	SE
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N/ 3	
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office address in Florida, o	enter the name of the
ce address:	
(Flo	ridu street address)
,	, Florida
(Ciţv)	(Zip Code)
red Agent:	
t familiar with and accept t	he obligations of the position.
Signature of New Registe	red Agent, if changing
	mber of Corporation (if kn tutes, this Florida Not For ration: Oration" or "incorporated N/A SS) N/A N/A Office address in Florida, or address: (Florida (City)) red Agent: a familiar with and accept to the second of t

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 X Remove X Add	PT John I V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I)Change	Dir,VC	Scott Roix	8733 Silverthorn Road
Add			Largo, Fl 33777
X Remove			
2) Change	Pres.	Nathan Schalles	9214 Mattthews Dr.
Add			Manassass, VA 20111
X Remove			
3) Change	Dir, Pres	Scott Blake	10220 Count Fleet Drive
X Add			Ruskin, Fl 33573
Remove			
4) Change	Dir, Sec	Deborah Burkett	11928 Royce Waterford Circle
X Add			Tampa, Fl 33626
Remove			
5) Change	D.T. chair	Tom Burkett	11928 Royce Waterford Circle
X Add			Tampa, Fl 33626
Remove			
δ) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) a	8/31/2018 adoption:	, if other than the
date this document was signed.	,	 -
8/3 Effective date <u>if applicable</u> :	1/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment val.	.(s)
☐ There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	•
8/31/2018 Dated		
Signature	In Sulf	
have not b	irrhan or vice chairman of the board, president or other officer-if director een selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
Tom B	urkett	
	(Typed or printed name of person signing)	-
Chairm	ian	
	(Title of person signing)	_

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