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ALLAHASSEE, FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	'E INVESTMENTS INC		
N16000005282			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
REBECCA GROVER			
	(Name of Contact	Person)	
REDEMPTIVE INVESTMENTS INC			
	(Firm/ Compa	iny)	
4070 ALOMA AVENUE, SUITE 1030			
	(Address)	· ·· · · · · · · · · · · · · · · · · ·	
WINTER PARK, FL. 32792			
	(City/ State and Zi	p Code)	
becgrover@gmail.com			
E-mail address: (to l	be used for future annual r	eport notification	1)
For further information concerning this matter,	please call:		
REBECCA GROVER		407 at	719-2155
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florid	a Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of \$	Fee & \$\Bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs\b	Certif y is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	-	Street Address Amendment Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

REDEMPTIVE INVESTMENTS INC.

(Name of Corporation as curren	<u>tly filed with the Flor</u>	ida Dept. of State)
N16000005282		
(Document Numb	er of Corporation (if ke	nown)
Pursuant to the provisions of section 617.1006, Florida Statute imendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
. If amending name, enter the new name of the corporat	ion <u>:</u>	
		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated	l" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	)	
		TALE TALE
	*******	ER E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		IAS
(Making address MAT BE A FOST OFFICE BOX)		ENG TO
		무무
). If amending the registered agent and/or registered offi	ce address in Florida,	enter the name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	_
	(F)	orida street address)
New Registered Office Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Florida
	(City)	(Zip Code)
iew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		the obligations of the position.
S	ionature of New Regis.	ered Avent, 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 X Remove X Add	<u>V Mil</u>	n Doe ce Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	CALEB GROVER	3925 FLOWERING STREAM WA
Add			OVIEDO, FL 32766
Remove			
2) X Change	Р	REBECCA GROVER	3925 FLOWERING STREAM WA
		<del></del>	OVIEDO, FL 32766
Remove	S	JIM SPENCER	4220 SAXON DRIVE
3 ) Change	<del></del>	THE TAX COLOR	NEW SMYRNA BEACH, FL
Add X Remove			32169
4) Change	S	TERESA SPECK	2943 SPRING HEATHER PLACE
X Add			OVIEIXO, FL 32766
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change	<del></del>		
Add			<del></del>
Remove			

attach additional sheets,	. if necessary).	(Be specific)					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
05/01/2018	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
(no more man 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the members and the number of votes east for the amend was/were sufficient for approval.	ment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	'were
Dated 05/02/2018	
Signature Rebecco Cuse	
(By the chairman or vice chairman of the board, president or other officer-if dir have not been selected, by an incorporator – if in the hands of a receiver, trusto other court appointed fiduciary by that fiduciary)	
REBECCA GROVER	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	