## N 18000005684

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2018 JUN 18 PH 2: 46

C. GOLDEN
JUN 1 9 2018

## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

THE RISING STA NAME OF CORPORATION:	RS OF TAMPA B	AY INC	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
MONICA HABERLIN			
•	(Name of Contact	Person)	
	(Firm/ Compa	ny)	
8221 STATE RD 54			
	(Address)		<del>-</del>
TRINITY FL 34655			
	(City/ State and Zi	p Code)	
MONICA@MYCPAGROUP.COM			
E-mail address: (to be used	for future annual re	eport notification	n)
For further information concerning this matter, please	call:		
MONICA HABERLIN		<b>72</b> 7	364-2633
(Name of Contact Person	)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of	State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		Certif is Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	treet Address mendment Secti ivision of Corpo lifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

## FILED

2018 JUN 18 PM 2: 46

(Name of Corporation as cur	SECRETARY OF STREET OF STR
N18000005684	- TACLANASSEE, F
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corpo	
ame must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	The new poration" or "incorporated" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N)A
If amending the registered agent and/or registered of new registered agent and/or the new registered officers.	office address in Florida, enter the name of the
Name of New Registered Agent:	NA
New Registered Office Address:	(Florida street address)
	(City) A , Florida (Zip Code)
ew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent: 1 familiar with and accept the obligations of the position.
	Signature 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 X Remove X Add	<u>V</u> <u>M</u>	ohn <u>Doe</u> like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	VP	KEVIN MCCULLOUGH	2150 SEVEN SPRINGS BLVD
Add X Remove			TRINITY FL 34655
2) Change	<u>s</u>	CARMEN GARCIA	4034 MADISON ST
Add X Remove			NEW PORT RICHEY, FL 34652
3) Change	<u>D</u>	MICHAEL SAVIGNANO	7136 LITTLE RD
Add X Remove			NEW PORT RICHEY, FL34654
4) Change	VP	MONICA HABERLIN	8221 STATE RD 54
X Add Remove			TRINITY, FL 34655
5) Change	<u>s</u>	MONICA HABERLIN	8221 STATE RD 54
Add Remove			TRINITY, FL 34655
6) Change			
Remove			

If amending or adding additional Articletach 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.		
Effective date <u>if applicable</u> :		
(no mo	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of St	neet the applicable statutory filing requirements, this date w state's records.	ill not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes east for the amendment(s	3)
There are no members or members entitled to adopted by the board of directors.	o vote on the amendment(s). The amendment(s) was/were	
Dated 4/13/18	· <del></del>	
- S	callaler	
(By the chairman or vice of have not been selected, by other court appointed fidu	chairman of the board, president or other officer-if directors y an incorporator – if in the hands of a receiver, trustee, or uciary by that fiduciary)	
MONICA	HABERLIN	
	(Typed or printed name of person signing)  TREPSURER  (Title of person signing)	