## N19000001718

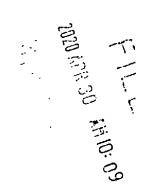
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	S. Safe Air Council, I	lne.		
N19000				
DOCUMENT NUMBER:		-		
The enclosed Articles of Amendmen	and fee are submitt	ted for filing.		
Please return all correspondence con	cerning this matter to	o the following:		
Trevor Ragno				
	(N	ame of Contact Per	rson)	
U.S. Safe Air Council				
		(Firm/ Company)		
1948 Deerview Pl				
		(Address)		
Longwood FL, 32750				
	(Ci	ity/ State and Zip C	ode)	
safeair.info@gmail.com				
E-mail ad	dress: (to be used fo	r future annual repo	ort notification	)
For further information concerning the	his matter, please cal	H:		
Trevor Ragno		at	321	578-1259
(Name o	of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	; amount made payal	ble to the Florida D	epartment of S	State:
	ificate of Status (	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifie Certifie	Filing Fee cate of Status ed Copy onal Copy is sed)
Mailing Address			et Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

U.S. Safe Air Council, Inc.		
(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N19000001718		
(Docur	nent Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:		r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	•	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	IDDRESS )	. ~
		020
C. Enter new mailing address, if applicable:		3 30
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
		AM 10: 09
		0.
D. If amending the registered agent and/or reginew registered agent and/or the new register		
Name of New Registered Agent:	Trevor Ragno	
	1948 Deerview Pl	
	(Flo	orida street address)
New Registered Office Address		
	Longwood	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing laborated agent the appointment as registered agent	nt. I am familiar with and accept	no
	Signature of New Revisie	red 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 = Chie 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 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 Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	<u>p</u>	GRAVES, LAURA H	326 MASTERS DRIVE PAWLEYS ISLAND, SC 29585
X Remove			
2) X Change Add	<u>P</u>	RAGNO, TREVOR J	1948 DEERVIEW PLACE LONGWOOD, FL 32750
Remove  3 ) X Change Add Remove	<u>V</u>	MUNOZ, EDGAR A	8715 CAMBRIDGE POINTE LN ORLANDO, FL 32829
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or additional sheet	ng additional Articles, if necessary).	icles, enter change(s) here: (Be specific)	

	<del> </del>		
	<del></del>		
		<u> </u>	
	<del></del>		
· · · · · · · · · · · · · · · · · · ·			
The date of each amendment(s) adoption	:		, if other than
date this document was signed.			
Effective date if applicable: 2/20/2020			
	no more than 90 days afte	er amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable s nt of State's records.	statutory filing requirements, this	s date will not be listed as the

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no membadopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	04/27/2020
Signature (	By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Trevor Ragno
	(Typed or printed name of person signing)
	President
	(Title of person signing)