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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

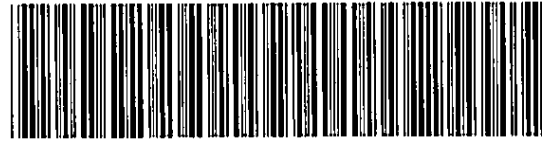
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09/09/19--01034--019 **52.50

S TALLENT
OCT 07 2019

2019 OCT -4 PM 3:22

2019 OCT -4 PM 3:22

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2019

VALARIE T. MARTIN
REESE'S SUPPORT SERVICES INC.
7614 35TH AVENUE SOUTH
TAMPA, FL 33619

SUBJECT: REESE'S SUPPORT SERVICES INC.
Ref. Number: N95000001914

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY.

THE PRINTOUT PROVIDED DOES NOT SHOW ROBERT EARL REESE II AS AN OFFICER/DIRECTOR-PLEASE CHANGE TYPE OF ACTION TO ADD. DEONNE M. JOHNSON IS ALREADY SHOWN AS A DIRECTOR, SO THEY CAN BE REMOVED FROM THE FORM.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 419A00019120

2019 OCT -4 PM 12:20

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Reese's Supports Services Inc.

DOCUMENT NUMBER: N95000001914

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valarie T. Martin
(Name of Contact Person)

Reese's Supports & Services Inc.
(Firm/ Company)

7614 35th Ave South
(Address)

Tampa, FL 33619
(City/ State and Zip Code)

ladystring34@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valarie T. Martin at (813) 369-2856
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Reese's Supports Services Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N95000001914

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

7614 35th Ave South

(Florida street address)

New Registered Office Address:

Tampa

(City)

Florida 33619

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

[Signature]

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C/CEO</u>	<u>Roberta Earl Reese II</u>	<u>7614 35th Ave S</u> <u>Tampa, FL 33619</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VC</u>	<u>Willa Mae Charles</u>	<u>6903 Cameron Ave</u> <u>Tampa, FL 33614</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Michael C. Reese</u>	<u>5716 Hammock Dr</u> <u>Harrisburg, NC</u> <u>28075</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Valerie T. Martin</u>	<u>6574 Summer Cove Dr</u> <u>Riverview, FL 33578</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add	_____	_____	_____

The date of each amendment(s) adoption: 9/13/19, if other than the date this document was signed.

Effective date if applicable: 9/13/19
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/13/19

Signature Robert E. Reese II

(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)

Robert E. Reese II
(Typed or printed name of person signing)

Chairman/CEO
(Title of person signing)