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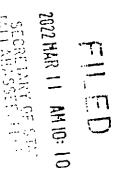
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Ricky E McDonald.	, Inc.	
DOCUMENT NUMB		·	
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Ricky E McDonald		
·	Ricky E McDonald, Inc.	Name of Contact Person	
-	·	Firm/ Company	
	2110 S US 1		
-		Address	
	Rockledge, Fl. 32955		
•		City/ State and Zip Code	
	remcbc@aol.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Susan Martin		at (³²¹	636-4420
Name o	of Contact Person	Area Cod	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

E.	
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THE STATE OF THE	O
n Dent. of State)	70

Ricky E McDonald, Inc.

(Name o	f Corporation as current	ly filed with the Florida Dept. of	State)
PO3000125635	·		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	lorp," "Inc," or "Co".	A professional corporation name	he abbreviation "Corp.," must contain the word
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S	TREET ADDRESS)		<u> </u>
C. Enter new mailing address, if appli		N/A	
(<u> </u>		
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name o	of the
new registered agent and/or the new	w registered office addres	<u>ss:</u>	
Name of New Registered Agent	N/A		
	(Florida s	treet address)	
New Registered Office Address:	N/A	, F)	lorida
Ten registered office states		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agei tered agent. I am familiai	<u>it:</u> · with and accept the obligations oj	f the position.
Subject of the second s			
	Cianatura of Vari	Registered Agent, if changing	
	Signature of New	Registered Agent, ij changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
) Change	T	Michael D. Shaw	855 S. Montego Bay Drive
Add			Merritt Island, Fl. 32953
X Remove			
2) Change	T	Richard Holdway	3920 Alan Shepoard Ave.
X Add		-	Cocoa, Fl. 32926
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

(Attach additional sheets, if necessary).	cles, enter change(s) here (Be specific)	•		
A				
	<u></u>	 		
	 			
				
	<u></u>		<u></u>	
				
			<u> </u>	
				
		<u> </u>		
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or	<u>cancellation of issu</u> in the amendment i	ed snares. tself:	
(if not applicable, indicate N/A)	ndment if not contained	III (IIC differential)		
/A				
				
				
	<u> </u>	<u> </u>		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	plock does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the an afficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	·	
,	(voting group)	
(By a d selecte	director, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	not been other court
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	