Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000230180 3)))



H110002301803ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORETION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number : (850)878-5358

\*\*Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN HAMPTON SENIOR MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

## Articles of Amendment to Articles of Incorporation of

FILED

2011 SEP 20 AM 9: 41

	of			- m () T
Hampton Senior Management, Inc.				ECRETARY OF ST
(Name of Corporation as co			<del></del>	LLAHASSEE, FLO
P03000156573		(State)	No.	
	lumber of Corpora			
for continuing 1.	tumour or corpora	(Thomas II) non		•
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation	006, Florida Statu o:	tes, this <i>Florida Pro</i>	ofit Corporatio	n adopts the following
A. If amending came, enter the new name	e of the corporation	lai .		
	RTGB, Inc.			The new
name must be distinguishable and contal abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	Corp," "Inc," or "Co ation," or the abbre	". A profession "P.A."	onul corporation
B. Enter new principal office address, if applicable: 5762 SW 30th Ave (Principal office address MUST BE A STREET ADDRESS)		<u> </u>	·	
Principal office daures MUSI BE ASIK	<u>BEI AUURESS</u> )	Ocale, FL 3447	4	
C. Enter new mailing address, if applical (Malling address MAY BE A POST OF	ole: FICE BOX)	5762 SW 60th A	.ve	
		Ocala, FL :4474		
O. If amending the registered agent and/onew registered agent and/or the new re			enter the nan	e of the
Name of New Registered Agent:	CT Corporat	ion System	·	
New Registered Office Address:		Pine Island Road	<del></del>	
	Plantation		, Florida_	33324
	(City)		(Zip Code)	
New Registered Agent's Signature, if chan hereby accept the appointment as registered			the obligations	of the position.
.,		ra acunt	•	,
	The state of the s		C .	

Page 1 of 3

Signature of New Registered Agent, if changing Barbara A. Burke Special Assistant Secretary

## 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)

<u>Title</u>	Name	Address	Type of Action
DIR	Robert Barnum	5762 SW 60th Ave Ocala, FL 34474	☐ Add ☐ Remove
PD	Peder Johnsen	PO Box 771019 Ocale, FL 34477	☐ Add ☐ Remove
<del></del>	P		
			LI REMOVE
E. If amend (attach ad	ling or adding additional Articles, editional sheets, if necessary). (Be.	enter change(s) here: Specific)	
	· · · · · · · · · · · · · · · · · · ·		
	·		
provisio	nendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A)	, reclassification, or cancellation at if not contained in the amandm	of issued shares, acut itself:
·			
	<u> </u>		
			<u> </u>

The date of each amendmen	(s) adoption: <u>09/19/11</u>	· · · · · · · · · · · · · · · · · · ·
Effective date <u>if applicable</u> :	09/19/11 (date of adoption is re	equired)
	(no more than 90 days after amendment	file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The numbers sufficient for approval.	per cilvotes cast for the amendment(s)
	e approved by the shareholders through v d for each voting group entitled to vote se	
"The number of votes	east for the amendment(s) was/were suffice	ient for approval
by	(yoting group)	_ <b>_</b>
action was not required.  The amendment(s) was/we action was not required.	e adopted by the incorporators without sh	nareholder action and shareholder
Dated 09/1	9/11	
Signature	Ro-Ra	
(By sele	a director, president or other officer - if do sted, by an incorporator - if in the hands of pinted fiduciary by that fiduciary)	
	Robert Barnur	m
	(Typed or printed name of po	erson signing)
	Director	
	(Title of person signing)	