P04000003939

(Requestor's Name)
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COVER LETTER

TO: Amendment Sec Division of Cor			~2
NAME OF CORPO	Remove it Pro's, Ir	nc	18 K
DOCUMENT NUM	D04000002020		5 Th
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	2018 NOV -5 AN 11- 4-3
Please return all corr	espondence concerning this ma	tter to the following:	
	Cindy Rac Hill		
		Name of Contact Person	
	Remove it Pro's, Inc.		
		Firm/ Company	
	27900 Industrial Street		
		Address	
	Bonita Springs, FL 34135		
		City/ State and Zip Code	
bool	kkeeper_rpi@yahoo.com		
		sed for future annual report notification)	
For further information	on concerning this matter, pleas	se call:	
Cindy Rae Hill		239 405-8619	
Name of Contact Person		Area Code & Daytime Telephone Number	-
Enclosed is a check f	or the following amount made	payable to the Florida Department of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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

		,	ndment		
•		to			
	,	Articles of Incorp of	poration		72
)		01			Ex i
Remove it Pro's Inc.					02 "
	(Name of Corporation	on as currently f	iled with the Flori	da Dept. of State	THE TOTAL STREET
204000003939					ER
	(Docum	ent Number of C	orporation (if know	/n)	
fursuant to the provisions of so s Articles of Incorporation:	ection 607.1006, Florida	Statutes, this Flo	orida Profit Corpoi	ration adopts the	following amendme
A. If amending name, enter	the new name of the con	rporation:			
					The new
ame must be distinguishable "Corp.," "Inc.," or Co.," or word "chartered," "profession	the designation "Corp.	" "Inc," or "Co	". A professional		
3. <u>Enter new principal offic</u> Principal office address <u>MUS</u>					
Principal office address <u>MUS</u>	ST BE A STREET ADD	RESS)			
Principal office address <u>MUS</u> L. Enter new mailing addre (Mailing address <u>MAY BE</u>	ST BE A STREET ADD ess, if applicable: E A POST OFFICE BOY	<u>RESS</u>)			
Principal office address <u>MUS</u> 2. Enter new mailing addre (Mailing address <u>MAY BE</u> 2. If amending the registere	ess, if applicable: E A POST OFFICE BOX d agent and/or registere	<u>RESS</u>) <u>X</u>) ed office address	in Florida, enter	the name of the	
Principal office address <u>MUS</u> L. Enter new mailing addre (Mailing address <u>MAY BE</u>	ess, if applicable: E A POST OFFICE BOX d agent and/or registere	<u>RESS</u>) <u>X</u>) ed office address	in Florida, enter	the name of the	
Principal office address <u>MUS</u> Enter new mailing addre (Mailing address <u>MAY BE</u> If amending the registere	ess, if applicable: E A POST OFFICE BOY d agent and/or registered of	<u>RESS</u>) <u>X</u>) ed office address	in Florida, enter	the name of the	
Principal office address MUS Enter new mailing addre (Mailing address MAY BE) If amending the registere new registered agent and	ess, if applicable: E A POST OFFICE BOY d agent and/or registered of	<u>RESS</u>) <u>X</u>) ed office address	in Florida, enter	the name of the	
Principal office address MUS Enter new mailing addre (Mailing address MAY BE) Hamending the registere new registered agent and	ess, if applicable: E A POST OFFICE BOY d agent and/or registered of	RESS) ed office address office address:		the name of the	
Principal office address MUS Enter new mailing addre (Mailing address MAY BE) If amending the registere new registered agent and Name of New Register	ess, if applicable: E A POST OFFICE BOX d agent and/or registered of the new registered	RESS) ed office address office address: (Florida street	address)	the name of the	
Principal office address MUS Enter new mailing addre (Mailing address MAY BE) If amending the registere new registered agent and Name of New Register	ess, if applicable: E A POST OFFICE BOY d agent and/or registered of	RESS) ed office address office address: (Florida street	address)	the name of the	(Zip Code)

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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	T	_	Sherry L.Bickers	10315 Pennsylvania
X Add				Bonita Springs, FL 34135
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
	-
	
	
<u>t an amendment provides for an excl</u> provisions for implementing the amo	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
<u> </u>	

The date of each amendment(s):	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were accion was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/26/201 Dated	8	
Signature	28/4	
(By a select	director, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	David A. Lockwood	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	

. . . .