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SECRETARY OF STAYE.

AUG 1 3 2018 T. LEWIEUX

COVER LETTER

Division of Corporations
NAME OF CORPORATION: ROYSON Partners, Inc.
DOCUMENT NUMBER: 10500045005
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nanci Sariam Name of Contact Person Rayson Partners, Inc. Firm/ Company Address Tork sarright of FI 32256
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (AA) 666-566 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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	۸ſ	incor	nora	tion
Armetes	OI.	incor	pora	CHOL

of		
- Kay Son Partners	Inc.	FILED
(Name of Corporation as currently	Tiled with the Florida Dept. of	<u>State)</u>
1050000430	<u> </u>	2019 AUG 13 P 🕸
(Document Number of	Corporation (if known)	SECRETARY OF STA
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts	
A. If amending name, enter the new name of the corporation:	N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Oword "chartered," "professional association," or the abbreviation "I	"o". A professional corporation	d" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		[the
Name of New Registered Agent (Floridante	or didrass)	
New Registered Office Address:	1111	orida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	an and accept the obligations of t	me position.
Signature of New Re	egistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 offic 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.

	v, ana sa	ay Sman, 53° as an Ada.	
Example: X_Change	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\overline{D}	Ingrid Freeman	8380 Baymado
Add		O	Jodsonville, 40
Remove			7 L 0220
2) Change			
Add			
Remove		\	
3) Change		 	
Add		1 4 1 1 2	
Remove		,	
4) Change			
Add		\sqrt{T}	
Remove		, ,	
5) Change		- N/A	
Add			
Remove		ı	
6) Change			
Add		17/1/	
Remove			

f amending or adding addition Attach <i>additional sheets, if nece</i>	nal Articles, enter change(s) here: issary). (Be specific)	
The transfer of the control of the c	stary). The specific	
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	(
f an amendment provides for	an exchange, reclassification, or cancellation of issued shares, the amendment if not contained in the amendment itself:	
(if not applicable, indicate	N/A)	
· · · · · · · · · · · · · · · · · · ·		
		
	$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
	W / / ' ' '	

The date of each amendment(s) adoption:	, if other than t
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 block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stater must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated8/2/2019	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	