Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6360

From:

Account Name : JOHN M WICKER PA Account Number : I20070000104

Phone : (239)939-2222 Fax Number : (239)939-2280

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

Email Address: /////

COR AMND/RESTATE/CORRECT OR O/D RESIGN RUPSHA CORPORATION

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Corporate Filing Menu

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Articles of Incorporation

16 MAY 18 PM 12: 30

RUPSHA CORPORATION	of	SECKETARY OF STATE JALLAHASSEE, FLORIDA
(Name of Corp	oration as currently filed with the	Florida Dept. of State)
P05000097518		A DELEVE
(E	Pocument Number of Corporation (it	known)
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Florida Profit C	Corporation adopts the following amendment(s
A. If amending name, enter the new name of t	he corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "o word "chartered," "professional association," o	Corp," "Inc," or "Co". A profess r the abbreviation "P.A."	or "incorporated" or the abbreviation ional corporation name must contain the
B. Enter new principal office address, if appli (Principal office address MUST BEA.STREET		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
	···	
D. If amending the registered agent and/or reg new registered agent and/or the new register	eistered office address in Florida. o cred office address:	enter the name of the
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent Name of New Registered Agent	ristered office address in Florida, of the conflice address:	enter the name of the
new registered agent and/or the new registe	tistered office address in Florida, e ered office address: (Florida street address)	enter the name of the
	ered office address:	Florida

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 of New Registered Agent, if changing

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05/18/2016 03:19

Example:

239-939-2280

COSTELLO ROYSTONSWIC

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 = Chatrman 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.

X Change	PI	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1)Change	TRE	SKI I, ALI	2766 LAKEVIEW DRIVE
Add			NAPLES, FL 34112
X Remove			
2) X Change	DPT	MONSUR AHMAD	12850 NEW MARKET ST
			NAPLES, FL 33913
Remove			
3)Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			
Remavo			

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Attach addition (A	r adding additional Ar nal sheets, if necessary).	(Be specific)	sy ucre.		
NONE					
					
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If an amondo	ent provides for an exc	bonge reelnesifient	on or engalistics	of icenai shares	
arovisions fa	r implementing the am	endment if not cont	sined in the amend	ment itself:	
(if not ap)	olicable, indicate N/A)				
/A — — — — — — — — — — — — — — — — — — —			<u></u>		
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35/18/2016 03:19 239-939	-2280 EL (5.00C	COSTELLO ROYSTON&WIC) 人名3663	PAGE 05/05
	UPON FILING	, , , , , , , , , , , , , , , , , , , ,	•
The date of each amendment(s) ado			, if other than the
date this document was signed.	LETT DAVE		
Effective date if applicable:	FILING		
	(no more than 9	days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applic riment of State's records.	able statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The cient for approval.	number of votes east for the amen	dment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders thro sch voting group entitled to t	ugh voting groups. The following vote separately on the amendment	statement (s):
"The number of votes cast for	r the amendment(s) was/wer	sufficient for approval	
by	(voling group)		
	(voling group)		
The amendment(s) was/were adopt action was not required.	ed by the board of directors	without shareholder action and sha	rcholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators with	out shareholder action and shareho	lder .
MAY 18, 201 Dated	6		
Signature	Conste		
selected, i	ctor, president or other officer by an incorporator – if in the fiduciary by that fiduciary)	 If directors or officers have no hands of a receiver, trustee, or oth 	t been er court
M	ONSUR AHMAD		

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(Typed or printed name of person signing)

(Title of person signing)

PRESIDENT