## P0700045 103

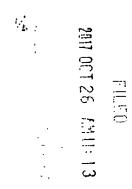
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## COVER LETTER

.

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: WAY SAFE FLOR	RIDA, INC		
DOCUMENT NUMB				
The enclosed Articles	of Amendment and fee are su	ibmitted for fili	ng.	
Please return all corres	pondence concerning this ma	tter to the follo	wing:	
	DANIEL JOHNSON			
•		Name of C	ontact Person	n
	WAY SAFE FLORIDA, INC	2		
		Firm/ (	Company	
	14175 ICOT BLVD., 100			
•		Ad	dress	
	CLEARWATER, FL 33760			
•		City/ State	and Zip Cod	e e
dan@	fullspectrum.net			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	concerning this matter, pleas	se call:		
DANIEL JOHNSON		at (	727	
Name o	f Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the	Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314		Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

WAY SAFE FLORIDA, INC

2017 OCT 26 AMIL: 13

WAT SAFE FLORIDA, INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P07000045103	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
REJO INC	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	N/A
termetput office datasess in the ASTRICT ANDRE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
N/Δ	11 C 11
Name of New Registered Agent	<del></del>
	(Florida street address)
N 5 1 10% 11	
New Registered Office Address:	
New Registered Agent's Signature, if changing Registor I hereby accept the appointment as registered agent. La	ered Agent: Im familiar with and accept the obligations of the position.
	, , , , , , , , , , , , , , , , , , ,
C:	tre of New Registered Agent if changing
\10N/111	AP III INPN: BPUNIPEPA AUPAI II CHANUNU

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			<del></del>
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A

• • •	10/25/2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
<del>-</del>	)/25/2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, <u> </u>	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
DatedSignature	M	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other cour binted fiduciary by that tiduciary)	t
	DANIEL JOHNSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	