## PU80000015428

(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	ldress)	
(Ci	ty/State/Zip/Phone #	<del>ý</del> )
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PICK-UP	☐ WAIT	MAIL
		<u> </u>
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: RETIREMENT S	SERVICES FINANICAL GROUP, INC.
DOCUMENT NUMBER: P08000065428	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
JOHN SELLAS	
	Name of Contact Person
	Firm/ Company
POST OFFICE BOX 20082	2
	Address
TAMPA, FLORIDA 33622	2
	City/ State and Zip Code
FBFG@USA.NET	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
JOHN SELLAS	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status 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

RETIREMENT SERVICES FINANCIAL GROUP, INC.

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P08000065428.	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>
RETIREMENT WEALTH MANAGEMENT, INC.	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
•	
	1,350
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	1
D. If amending the registered agent and/or registered office	address in Florida anter the name of the
new registered agent and/or the new registered office ad	
- Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
r nereny accept the appointment as registered agent. Tam jum	utar with and accept the obligations of the position.
<u></u>	
Signature of l	New Registered Agent, if changing

## 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) Change		_	<del></del>	
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
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4) Change				
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5) Change		<del></del>		
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6) Change		_		
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If amending or adding addition: Attach additional sheets, if neces.				
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				-
f an amendment provides for a provisions for implementing the (if not applicable, indicate N	e amendment if not c	ication, or cancellation ontained in the amer	on of issued shares, adment itself:	
		<u> </u>		· · · · · · · · · · · · · · · · · · ·

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	i)
	proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholde	भ
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
02-08-201 Dated	7	
Dateu		
Signature		
(By a d	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other cour ted fiduciary by that fiduciary)	t
арроп		
·	JOHN SELLAS, AS PRESIDENT OF RETIREMENT WEALTH MAN	NAGEMENT, INC
	(Typed or printed name of person signing)	
•	PRESIDENT OF RETIREMENT WEALTH MANAGEMENT, INC.	

(Title of person signing)