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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Certified Copies Certificates of Status	
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SEP 0 6 2018 S. YOUNG TR AUG 30 PM 14: 00
SECRETARY N. STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Representations

NAME OF CORPORATION: Representation of Corporations

NAME OF CORPORATION: Representation of Corporations

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Representation of Corporations

Name of Contact Person

Representation of Representation of Corporation of Corporation of Contact Person

Representation of Representation of Corporation of Corpo

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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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

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to

Articles of Incorpo	pration
RAR Commost	Ronal Inc
(Name of Corporation as currently file	ad with the Florida Dont of State)
(Name of Corporation as currently in	ed with the Florida Dept. of State)
PUEUUUU 19150	
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	
_	26
C. Enter new mailing address, if applicable:	是 五
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	30 m
_	P D
_	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
nume of the measurements	
(Florida street a	address)
[
New Registered Office Address:	v) (Zip Code)
(Cit _i	(Σφ Code)
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.
r nevery uccept the approximent as registered agent. I am jamina with	and accept the winging of the framework
Signature of New Regis	stered 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	Shull, Judith N	_Pu_Bux 2469_
Add		Wither Haven, Fl. 3-3883
Remove		
2) Change	S lori H. Hulley	2880 Havendale Blud Winter plaven, FC 33881
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

ach additional she	ets, if necessary). (Be s	specific)			
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an amendment pr	ovides for an exchange,	reclassification, or	cancellation of iss	sued shares,	
rovisions for impl (if not applicabl	ementing the amendmentele, indicate N/A)	at it not contained	in the amendment	usen:	
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The date of each amendment(s) adoption:	, if other than the
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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	TI CONTRACTOR OF THE CONTRACTO
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8-2.7-18	
Signature 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 court appointed fiduciary by that fiduciary)	i
(Typed or printed name of person signing)	
(Typed or printed namé of person signing)	
Title PTD (President) (Title of person signing)	
(Title of person signing)	