P090000000407

(Red	questor's Name)	_		
(Add	dress)			
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(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to I	Filing Officer:			
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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			se and bederopmen, sin
DOCUMENT NUM	ser: <u>P090000</u>	00401	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	Melvin	Horn	
	A 1	Name of Contact Person	1
	Resounder	Z Franchise Firm/Company	and Development Inc
	605 Hickn	nan Circle	
		Address	
	San ford	FC. 32-	771
		City/ State and Zip Cod	e
<u>_T</u>	E-mail address: (to be us	erZ, Com sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Melvin	Horn	at (<u>32</u>]	de & Daytime Telephone Number
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
	ling Address endment Section		Address Iment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Rebo	underz Franchise and Development, In
DOCUMENT NUMBER: P0900	,
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Mel Resource	Name of Contact Person Vin Horn Name of Contact Person Vin Horn Name of Contact Person Firm/ Company Chan Circle Address
San force	Address / FC. 3277/ City/ State and Zip Code
Timporeso. E-mail address: (to	o be used for future annual report notification)
For further information concerning this matter	r, please call:
Name of Contact Person	at (<u>321</u>) <u>727 - 1300</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
S35 Filing Fee	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



March 27, 2018

MELVIN HORN 605 HICKMAN CIRCLE SANFORD, FL 32771

SUBJECT: REBOUNDERZ FRANCHISE AND DEVELOPMENT, INC

Ref. Number: P0900000407

We have received your document for REBOUNDERZ FRANCHISE AND DEVELOPMENT, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 018A00006060

RECEIVED

18 APR - L AM 9: L L

SECRETARY OF STATE
TALLAHASSEE, FF 19 CH

DO DOVICED IN THE COLUMN



March 12, 2018

MELVIN HORN 605 HICKMAN CIRCLE SANFORD, FL 32771

SUBJECT: REBOUNDERZ FRANCHISE AND DEVELOPMENT, INC.

Ref. Number: P0900000407

We have received your document for REBOUNDERZ FRANCHISE AND DEVELOPMENT, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, pleas

Irene Albritton
Regulatory Specialist II

Letter Number: 818A000049303

Articles of Amendment

to

Articles of Incorporation of

<u>Pt</u>	on as currently filed with the Flo ODOOOGO nent Number of Corporation (if known	<u> </u>	TILC
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corp	poration adopts the following	ing amendment(s)
A. If amending name, enter the new name of the co	rporation:		
	I		The new
name must be distinguishable and contain the wore "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "Inc," or "Co". A profession	r incorporatea or the al corporation name mus	appreviation t contain the
B. Enter new principal office address, if applicable:	<u></u>		291
Principal office address <u>MUST BE A STREET ADD</u>			3 7
		<u></u>	
			<u> </u>
Enter new mailing address, if applicable:			PH O
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		
		<u> </u>	
 If amending the registered agent and/or registered 	rad affice address in Florida, ent	or the name of the	
new registered agent and/or the new registered (er the name of the	
Name of New Registered Agent			
			
	(Florida street address)	. –	_
		Utarida	
Many Daniel and Olfon Addings		, Florida	(Code)
New Registered Office Address:	(City)	(Zij	((MIC)
New Registered Office Address:	(City)	(Zi)	(one)
	•	(Zi _l	, (me)
Sew Registered Agent's Signature, if changing Regi	istered Agent:	. ,	
Sew Registered Agent's Signature, if changing Regi	istered Agent:	. ,	
New Registered Agent's Signature, if changing Regi	istered Agent:	. ,	
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	istered Agent:	obligations of the position	

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> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	CE U C <u>FU</u>	Tim Musphy	1044 Winding Water circle Winter Springs FC 32707
X Add			Winter Springs FC 32707
Remove			
2) X Change	<u> </u>	Jushun Coates	200 Spriewood Rd Lake Mury I-C 32746
Add			Lake Mury FG 32746
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ada	litional sheets, if	necessary). (Be	enter change(s) ho especific)	-		
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[f		<i>6</i>		11 44 6		
provision	s for implement	ing the amendme	, reclassification, on tif not contained	or cancellation of d in the amendme	<u>issueu snares,</u> nt itself:	
(if no:	t applicable, indi	cate N/A)				
						
				_		
					_	
						
		·				

	The date of each amendment(s) adoption:	, if other than the
	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 date we document's effective date on the Department of State's records.	ill 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):	
	"The number of votes cast for the amendment(s) was/were sufficient for approval	
	by	
m#	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
	☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
	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)	
	Murcus F. Gurley (Typed or printed name of person signing)	
	Chief Executive Officer (Title of person signing)	

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