Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

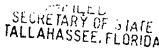
0 0					
NAME OF CORPORATION: Rom Recovery					
DOCUMENT NUMBER: <u>\$100000.55708</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this m	natter to the following:				
MARK T	homas Jone Name of Contact Person	<u>25</u>			
Ram Rea	covery				
Name of Contact Person Ram Recovery Firm/ Company					
11125 Lithia Pinecrest Rd					
Address					
Lithia	F/a 33	2547			
City/ State and Zip Code					
MARE Rankecou E-mail address: (to be	used for future annual report	notification)			
For further information concerning this matter, please call:					
MARK Jones		504-4153			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 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)			
	_				

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 12 JUL 23 AM 10: 40 (Name of Corporation as currently filed with the Florida Dept. of State) P10000055708 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MARK (Florida street address) New Registered Office Address: 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

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) _X Change Add Remove	powner	MARK T Jones	11125 Lithic pinecrest Ro
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
fan amandmant provides for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:
Effective date <u>if applicable</u> :
(no more than 90 days after amendment file date)
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
(voting group)
☐ 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.
Dated June 1, 2012
Signature Which Wasse (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)
MARK T Jones
(Typed or printed name of person signing)
New owner
(Title of person signing)

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000055708

Entity Name: RAM RECOVERY CORPORATION

FILED Apr 29, 2011 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

11125 LITHIA PINECREST RD LITHIA, FL 33547 US

Current Mailing Address:

New Mailing Address:

11125 LITHIA PINECREST RD LITHIA, FL 33547 US

FEI Number: 27-2991424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BEEMAN, RICHARD L 11125 LITHIA PINECREST RD LITHIA, FL 33547 US Jones Mark T 11125 Lithia Pinecrest Rd Lithia Fl 33547

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title:

PVTD

Name: BEEMAN, RICHARD L

Address: 11125 LIT

11125 LITHIA PINECREST RD LITHIA, FL 33547 US

City-St-Zip:

Title: S

Name: BEEMAN, ALDA

Address: 11125 LITHIA PINECREST RD

City-St-Zlp: LITHIA, FL 33547 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD LEE BEEMAN

PVTD

04/29/2011