P100000 15835

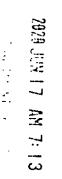
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	÷#)
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JUL 2 8 2070 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ROCHAIR, INC.			
	MBER: P10000075835			
The enclosed Article	es of Amendment and fee are su	bmitted for fil:	ing.	
Please return all cor	respondence concerning this ma	tter to the follo	owing:	
	KENNETH R KRESGE			
		Name of C	ontact Person	n
	ABARE, KRESGE & ASSO	CIATES CPA	S	
		Firm/ (Company	-
	1200 PLANTATION ISLAN	D DRIVE; SU	TTE 230	
		Ad	dress	
	ST AUGUSTINE FL 32080			
		City/ State	and Zip Cod	e
	KKRESGE@ABAREKRESG	GECPA.COM		
	E-mail address: (to be us		nnual report	notification)
For further informat	ion concerning this matter, pleas		904	460-0747
Nam	e of Contact Person	au	Arca Co) 460-0747 de & Daytime Telephone Number
Enclosed is a check	for the following amount made			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address			Address
	mendment Section			Iment Section
	ivision of Corporations			on of Corporations
	O. Box 6327 illahassee EL 32314			entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name	of Corporation as current	ly filed with the Florida Dept, o	f State)	
	(Document Number of	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adop	ts the following amen	dment(s) t
A. If amending name, enter the new n	ame of the corporation:			
ama amad ha diada a tala 12 and a sant			The	REW
name must be distinguishable and contair "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co"	A professional corporation nam	the abbreviation "Cor e must contain the w	p.," vord
3. Enter new principal office address.	if applicable:	340 AIRPORT ROAD		
Principal office address MUST BE A.S.	TREET ADDRESS)	FROSTPROOF, FL 33843	. 12	_
		•	: : : : : : : : : : : : : : : : : : :	_ ~;~
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE BOX)	340 AIRPORT ROAD		ة ق الاجراب الاجراب المر
		FROSTPROOF, FL 33843		
			4	, Tex.
 If amending the registered agent an new registered agent and/or the new 	nd/or registered office add w registered office address	ress in Florida, enter the name	of the	ی
Name of New Registered Agent	JOHN J. MADDEN			
	340 AIRPORT ROAD			
	(Florida str	reet address)		
New Registered Office Address:	(Florida str ST AUGUTSINE		33843 lorida	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<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
I) Change	D	FETCKO, JULIE	105 EAGLES NEST DRIVE
Add			CRESCENT CITY, FL 33843
X Remove			
2) Change	D	JOHN J. MADDEN	340 AIRPORT ROAD
XAdd			FROSTPROOF, FL 33843
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

Attach additional sheets, if r	necessary).	cles, enter chang (Be specific)				
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f an amendment provides	for an excha	nge reclassifica	tion or cancella	tion of issuad e	huros	
<u>provisions for implementi</u>	ng the amen	dment if not cor	tained in the an	tendment itself	iai es.	
(if not applicable, indic	ate N/A)					
						
		-	 -	···	_	
	<u> </u>					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(n	more than 90 days after amendment file date)
Note: If the date inserted in this block does not n document's effective date on the Department of Sta	cet the applicable statutory filing requirements, this date will not be listed as the seconds.
Adoption of Amendment(s) (CHEC	CONE
■ The amendment(s) was/were adopted by the inco action was not required.	rporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr	cholders. The number of votes cast for the amendment(s) aval.
The amendment(s) was/were approved by the sh must be separately provided for each voting gro	reholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendm	:nt(a) was/were sufficient for approval
by(voting	
(voting	roup)
Dated 6.10.202	<u></u>
Signature	
(By a director, president selected, by an incorpor appointed fiduciary by	or other officer – if directors or officers have not been ator – if in the hands of a receiver, trustee, or other court hat fiduciary)
ROCHE	SIGMUND BENTLEY and or printed name of person signing)
	rector
	of person signing)