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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: RB CONSULTING ENGINEERING SERVICES JN	C
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RicHard Bergeron  Name of Contact Person	
RB (ONSULTING ENGINEERING SERVICES INC	,
4016 Messina dr.  Address  LAKE MARY I <sup>E</sup> L 32746  City/ State and Zip Code	
LAKE MARY IFL 32746  City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RicWard Bergerow at (321) 230-633/ Name of Contact Person Area Code & 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  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  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

17 FEB - 1 Alt 10: 42

RB CONSULTING FNGINPPRI	NG SERVICES INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P11000047244	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
DECIDE 4 ACTION INC.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4016 MESSINA Dr.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	LAKE MARY FL
	32746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	egistered 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>se</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change		<u>-</u>		
Add				·
Remove				
3) Change	·			-
Add				
Remove				
4) Change		_		
Add				
Remove				
S) Charac				
5) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sh	ing additional Arti eets, if necessary).	(Be specific)	<del></del>			
		<del></del>		<del></del>	<u></u>	
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. <u>-</u>					<del></del>	
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an amendment p	rovides for an exch	iange, reclassific	ation, or cancell	ation of issued s	hares.	
rovisions for imp	lementing the ame	ndment if not co	ntained in the a	mendment itself:	<u> </u>	
(if not applicab	ole, indicate N/A)					
		•				
				<u>-</u>		
				<u></u> <u>.</u> .		
<u>,                                      </u>						

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 01/31/2017	
Effective date if applicable: 01/31/2017 (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	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"  (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 //30/2017	
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)	-
(Typed or printed name of person signing)	
(1 yped or printed name of person signing)	
President	
(Title of person signing)	-