P12000015938

(Re	equestor's Name)	·
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	<u> </u>
PICK-UP	MAIT WAIT	MAIL
**		•
(Bi	usiness Entity Nar	ne)
(Dc	ocument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SCURLTARY OF STATE
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SIVISION OF CORPORATIONS

or makinda.

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COVER LETTER

TO: Amendment Section Division of Corporations

•			•	
NAME OF CORPORA	TION: RENSHA	R INC		
DOCUMENT NUMBE	_{R:} P120000159	938		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this man	tter to the following:		
J	ACK MALER	3A		
		Name of Contact Person	<u> </u>	
J	UMPING JAX	TAX INC		
Firm/ Company				
1948 HARRISON ST STE 108				
_		Address		
HOLLYWOOD FL 33020-5018				
		City/ State and Zip Code	•	
rens	harj523@gma E-mail address: (to be us	ail.com ed for future annual report	notification)	
For further information c	oncerning this matter, pleas	e call:		
JACK MALE	RBA	_{at (} 954	_{_)} 927-6988	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	ertment 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)	
Mailing Address		Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



14 DEC 23 AM 8: 54

RENSHAR INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000015938

dment(s) to

(Document Number	er of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Fla</i>	orida Profit Corporation ad	opts the following amendm
A. If amending name, enter the new name of th	ne corporation:		
			The ne
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corpora-	rated" or the abbreviatio tion name must contain th
B. Enter new principal office address, if applica	able:		·
(Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
D. If amending the registered agent and/or registered agent and/or the new register		s in Florida, enter the nam	e of the
new registered agent and/or the new registe	itu omice audress.		
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
N 7 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	D 1. 14 4		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.		h 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 <math>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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	PD		WALLACE, SHARON	
Add				
Remove				·
2) Change	AMB	R	WALLACE, JENELL S	
Add				
Remove				
3) Change	PD	_	LEAMY, SHARON	14359 MIRAMAR PKWY
✓ Add				STE 205
Remove				MIRAMAR FL 33027-4134
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
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-	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the antenument itsen.
·	
· -	
	
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The date of each amendment(s) adoption:	14 DEC 23 AM 8; Slother than the
date this document was signed.	14 DEC 23 ATT 0 3
Effective date if applicable:	
(no more than 9	0 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/wer	e sufficient for approval
by	.,,
(voting group)	
The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
Dated 18 DECEMBER 2014	
Signature h	
` • · · · · · · · · · · · · · · · · · ·	cer – if directors or officers have not been e hands of a receiver, trustee, or other court
SHARON LEAMY	
(Typed or p	printed name of person signing)
PRESIDENT	
(Ti	tle of person signing)