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COVER LETTER

Division of Corporations lertomance Ehorst, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

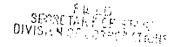
TO: Amendment Section

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



	filed with the Florida Dept. of State PH 1: 47
REVERGE High PETFONICALE	· Exhapst tre P1200028817
(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) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation,	ace Ic. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4217 500 64 Are
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	5c, \$= #/C _ =
	4217 SW 64th Are Swite #10 Dovie F1. 33\$/42
	11. 30 3 11 C m
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(muning muness MAT DE ATOST OFFICE DOA)	
	and the state of t
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	.
Name of New Registered Agent // (250) He	ershorin
4217 5W64	PAOR SCITE #1C DOVE FL. et address) 33314
New Registered Office Address: 4217 500 647 A	Ex#/C , Florida 333/4
(1	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 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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	D Hershorin, Paul Adom	COTT PINENDE (1 South
Add		Cake Worth F1.
<u> </u>		33467
2) Change	P Hershorin, Muson	4217 560 64th Ace 50th # 1C
Add		5c/k=#1C
Remove	~ // ·/ · /) O //	Dovie 14, 333/4
3) L Change	D Hershorin, New Scott	
Add		Coke Couth F1.
Remove		33467
4) Change		
Add		
Remove		
5) Change	M	
Add	·	
Remove		
6) Change	\mathcal{M}	
Add		
Remove		

	dding additional Ail sheets, if necessary,). (Be specific)			
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an amendmen	mnlamanting the an		contained in the anic	mument usen:	
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The date of each amendment(s) adoption: _	08/01/2015	, if other than the
date this document was signed. Effective date if applicable:	(no more than 90 days after amendment file date)	TAIL OF THE TAIL
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date with fixed state of state of state of state of state of state.	if hot by liked as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	he shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by(v	."	
(ve	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated	7/7	
Signature	AHMODO	
	sident or other officer - if directors or officers have not been	
	corporator - if in the hands of a receiver, trustee, or other court	
appointed fiducial	ry by that fiduciary)	
M	esentertion	
	(Typed or printed name of person signing)	
_ P	resident	
	(Title of person signing)	