## P1300061691

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2017 OCT 30 PH-3:-2

C. GOLDEN OCT 31 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: RETIREMENT SE	RVICES OF AMERICA.	NC.
DOCUMENT NUMBE	R: P13000067691		
The enclosed Articles of	Amendment and fee are sub	mitted for filing.	·
Please return all correspo	ondence concerning this matt	er to the following:	•
		THOMAS A RUGGIERO	1
-	<del></del>	Name of Contact Persor	1
	RETIREMEN	NT SERVICES OF AMER	RICA, INC.
_	<del>-</del>	Firm/ Company	<del></del>
	125 E MERRI	TT ISLAND CSWY, UNI	Г 107-326
-	-	Address	
	MERRITT ISLAND, FL 32952		
_		City/ State and Zip Code	
	SEF	RVICE@RSOAMERICA.	СОМ
	E-mail address: (to be use	ed for future annual report	notification)
For further information of THOMAS A	concerning this matter, please	321	745-1802
	Contact Person	at (	) de & Daytime Telephone Number
	he following amount made p		·
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Division P.O. B	ng Address dment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle essee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

FILED

RETIREMENT SERVICES OF AMERICA, INC.

2017 OCT 30 FH 3:21

(Name o	of Corporation as currently filed with the Florida De	pt. of State)	l.
	P13000067691		
	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation	adopts the following an	nendment(s) to
A. If amending name, enter the new na	me of the corporation:	Th	e new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," or "incorporation "Corp," "Inc," or "Co". A professional corporation," or the abbreviation "P.A."	porated" or the abbre oration name must cont	viation ain the
B. Enter new principal office address,	if applicable:		<u>!</u>
(Principal office address MUST BE A S			\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			<del>                                     </del>
		<u> </u>	<del> </del>
C. Enter new mailing address, if appli	<u>cable:</u>		
(Mailing address <u>MAY BE A POST</u> )	OFFICE BOX	<del></del>	1
	<u></u>	<u></u>	
		· · · · · · · · · · · · · · · · · · ·	<del>†</del>
	d/or registered office address in Florida, enter the na	ame of the	
new registered agent and/or the nev	Thomas A Ruggiero	<u>'</u>	
Name of New Registered Agent		<del></del>	
	125 East Merritt Island CSWY, Unit 107-326		
	(Florida street address)		
New Registered Office Address:	Merritt Island	Florida	
	(City)	(Zip Code	7
			1
New Registered Agent's Signature, if cl	hanging Registered Agent: ered agent. I am familiar with and accept the obligation	ons of the position.	1
<i>-</i>			Ţ
	The Cy		
_	Signature of New Registered Agent, if changing	?	

address of each Officer (Attach additional sheets, Please note the officer/did P = President; V = Vice officer; CFO held, President, Treasure Changes should be noted	and/or I if necess rector tite Presiden = Chief i r, Direct I in the fo wes the c	sary) le by the first letter of the office title: u; T= Treasurer; S= Secretary; D= Dire Financial Officer. If an officer/director is tor would be PTD. ollowing manner. Currently John Doe is to	ector; TR= Trustee; C = Chairman or C holds more than one title, list the first le listed as the PST and Mike Jones is listed	lerk: CEO = Chief etter of each office I as the V. There is
X Change	<u>PT</u>	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	
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Remove				<u> </u>
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3) Change				<del>'</del>
Add			<del></del>	
Remove				<u>_</u>
4) Change				
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5) Change				<u>_</u>
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Change				
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Damaya				

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	attach additional sheets, if necessary). (Be specific)	1
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The date of each amendment(s) adoption:	1
October 24, 2017  Effective date if applicable:  (no more than 90 days after amendment file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listen.	l as the
(no more than 90 days after amendment file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listen	i as the
	l as the
document seffective date on the Department of State's records.	
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)	
(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.	
October 24, 2017 Dated	
Signature A	
(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)	
THOMAS A RUGGIERO	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	