P14 000093755

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Reservec, Inc. DOCUMENT NUMBER: P14000093755 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Harley Name of Contact Person Reservec, Inc. Firm/ Company 120 State Street East, Suite 106 Address Oldsmar, FL 34677 City/ State and Zip Code mike.harley@reservec.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Raymond McKenzie at (301) 330-6790

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Name	of Corporation as autras	ntly filed with the Florida Dept. of State)	
P14000093755	or Corporation as curren	inv med with int floring Dept of State)	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the fol	lowing amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	nation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P A"	The new the abbreviation must contain to the second of the
B. Enter new principal office address,		120 State Street East, Suite 106	SET
(Principal office address MUST BE A S		Oldsmar, FL 34677	AAR AAS
			EF PA
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		120 State Street East, Suite 106	STATI FLORI
		Oldsmar, FL 34677	——————————————————————————————————————
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of the	·
Name of New Registered Agent	Michael J. Harley		- <u>-</u> -
	120 State Street East, Su	ite 106	
		street address)	
New Registered Office Address:	Oldsmar	Florida 346	
		(City)	(Zip Code)
New Registered Agent's Signature, if call the second second the appointment as registered in the second sec	hanging Registered Age tered agent. I am familia	nt: r with and accept the obligations of the posi	tion.
	Signature of New	Registered Agent, if changing	
	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 he 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 Doe	
X Remove	<u>v</u>	Mike Jones	·
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i) Change	CEO	Mayra I. Harley	120 State Street East, Suite 106
X Add	_		Oldsmar, FL 34677
Remove			
2) Change			
Add			
Add Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5 1 6 1			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

(Attach ad	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
N/A		
		_
		_
		<u> </u>
,		
		_
		_
		
F. <u>If an ame</u>	indment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:	
(if n	of applicable, indicate N/A)	
N/A 		
		_

The date of each amendment(s) adoption:, if other that
date this document was signed.
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 listed a document's effective 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.
August 24, 2016 Dated
Signature M. A. Hand
(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)
Michael J. Harley
(Typed or printed name of person signing)
President
(Title of person signing)