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D CONNELL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PRS Associates, Inc	c.	·
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Paul R. Sadur		
		Name of Contact Person	n
	PRS Associates, Inc.		
	<u> </u>	Firm/ Company	
	1765 E. Nine Mile Rd., Ste. 1	, #102	
		Address	
	Pensacola FL 32514		
		City/ State and Zip Cod	e
drag	oman47@hushmail.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, please	e call:	
Paul R. Sadur		at (547-6431
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment 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)
Am Div	iling Address endment Section ision of Corporations D. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

PRS Associates, Inc.					·
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)		
	(Document Number of	f Corporation (if known)	·		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the f	ollowing a	mendi	ment(s) to
A. If amending name, enter the new na	ime of the corporation:				
				he n	ew
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	'Co". A professional corporation name			
B. Enter new principal office address,	if applicable:	PRS Associates, Inc.			
(Principal office address MUST BE A S		1602 Governors Drive, Apt. 2216	1602 Governors Drive, Apt. 2216		
		Pensacola FL 32514			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PRS Associates, Inc.			_
		1765 E. Nine Mile Rd., Stc. 1, #102	38	201	
		Pensacola FL 32514	ALC ALC	2018 NO	7
D. If amending the registered agent an new registered agent and/or the new			ARY OF	VIS AH	m
Name of New Registered Agent	Paul R. Sadur		m _{s/s}	8.	
	1602 Governors Drive		A.E.	56	
	(Florida st	reet address)			
New Registered Office Address:	Pensacola		2514		
		(City), Florida	(Zip Coc	le)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			sition.		
 	Signature of New I	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:	, ana sai	ty smun, z	or as an Aaa.	
Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add	-			
Remove				
5. 61				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

	November 13, 2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than th
	November 13, 2018	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Novemi Dated	ber 13, 2018	
Signature	Paul R. Sadus	
	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Paul R. Sadur	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	