(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	• #)
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(Bu	isiness Entity Nan	ne)
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R. WHITE

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Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ON THE ROO	CK SERVICES
DOCUMENT NUMBER: P15000070398	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
GEORGE C DAHL	
	Name of Contact Person
	Firm/ Company
12250 MENTA ST. SUI	
ORLANDO, FL 32837	Address
	City/ State and Zip Code
rgbookkeeping@aol.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
GEORGE C DAHL	at (407) 309 - 0367
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	
Mailing Address 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

Articles of Amendment to **Articles of Incorporation**

ON THE ROCK SERVICES INC

ON THE ROCK SERVICES INC	15 AUG 21 AM 8: 56
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P15000070398	TALLAHASSEE, FLORIDA
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
ON THE ROCK'S SERVICES INC	The new
name must be distinguishable and contain the word "c" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
	<u> </u>
Name of New Registered Agent	
	(Florida street address)
New Projectored Office Address:	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obligations of the position.
Signatur	re 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	<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
1) Change	MGR	LIZETTE DUBOCQ	4356 S KIRKMAN RD APT 508
X Add			ORLANDO, FL 32811
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Add			
Kemove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)				
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				<u> </u>	
- <u> </u>					
an amendment provides for an excl	hange reclassific	ation, or cancella	tion of issued s	shares.	
provisions for implementing the ame	endment if not co	ntained in the am	endment itself	<u>:</u>	
(if not applicable, indicate N/A)					
					_
		.,,			

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
☐ 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.	
08/26/2015 Dated	
Signature Aug CDH	
(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)	
GEORGE C DAHL	
(Typed or printed name of person signing)	
REGISTERED AGENT	
(Title of person signing)	