P16000029443

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C. GOLDEN 0CT 2 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:RISING INC	
DOCUMENT NUMBER:P16000029-	443
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
DOMINIC J	OHN
	Name of Contact Person
DJ&J ASSOCI	ATES
	Firm/ Company
2400 SE 36TH AV	VE. STE 104
	Address
OCALA, FL 34471	
	City/ State and Zip Code
DJ_VENAD@YAHOO.CO	OM
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call: at (352
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	, ,
■ \$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

2018 OCT 22 AM II: 21

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(Name	of Corporation as currently	Glad with the Florid	In Dant of State SHORE TARY OF S
	6000029443	meg will the Florid	TALLAHASSEE
rie			
	(Document Number of	Corporation (if known	1)
Pursuant to the provisions of section 607 its Articles of Incorporation;	.1006, Florida Statutes, this F	lorida Profit Corpord	ation adopts the following amendment(s)
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	itain the word "corporation nation "Corp." "Inc." or "C	." "company," or ". 'o". A professional o	The new incorporated" or the abbreviation corporation name must contain the
vord "chartered," "professional associa	ition," or the abbreviation "I	?.А. "	The state of the s
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>			
Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Maning address STAT DE A FOST	OFFICE BOX		
		<u></u>	
). If amending the registered agent ar	nd/or registered office addre	ess in Florida, enter t	he name of the
new registered agent and/or the ne	w registered office address:		
Name of New Registered Agent	DOMINIC JOHN		
	(Florida stree	et address)	
New Registered Office Address:	2400 SE 36TH AVE, STE 1	04, OCALA	. Florida 34471
Constitution of the state of	(0	City)	(Zip Code)
iew Registered Agent's Signature, if c hereby accept the appointment as regis	hanging Registered Agent:	ith and manned the able	to and the control of the control of the
merens accept the appointment as regis	ierea ageni i am jumittar wi i - Al	ин ина ассері іне опц	gauons of the position.
	CKD,		
	Signature of Vice Re	vistered Avent it char	naina

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.

Xampie: 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>	Address
l) Change	P	SHOAIB SHIKARPORIA	1625 EAST WADE ST
Add			TRENTON, FL 32693
X Remove			
2) Change	P	DAVID JOHN SCOTT	30069 SE 80TH AVE
X Add			NEWBERRY, FL 32669
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) ("h			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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If 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:

The date of each amendment(s) adoption: date this document was signed.	, 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 document's effective date on the Department of State's records.	will not be listed as the
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.	
Dated_10/17/20/8 Signature_Shoon 200	
(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)	
Shoaib Shikarporia (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Prisident. (Title of person signing)	
(Title of person signing)	