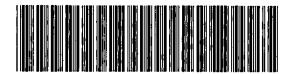
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: PSP Capital Inc DOCUMENT NUMBER: P16000034565 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Fred O'Brien Name of Contact Person Prosource Firm/Company 4426 North Orange Blossom trail Address Orlando, FL 32804 City/ State and Zip Code Fobrien@psflooring.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 ) 293-2969 ext 701

Area Code & Daytime Telephone Number Fred O'Brien 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 & □\$43.75 Filing Fee & □\$52.50 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

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILED

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to

rsr Capital Inc		の存むおびまれた父 いた とうちずた
( <u>Name c</u>	of Corporation as currently	filed with the Florida Dept. of State) FE FLORIDA
P16000034565		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new na	nme of the corporation:	
N/A		The new
	ation "Corp," "Inc," or "(	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
D. E		N/A
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
	,	
Enter new mailing address, if appli		N/A
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	
). If amending the registered agent an		
new registered agent and/or the nev	v registered office address:	
Name of New Registered Agent	N/A	
	(Florida stre	pet address)
	N/A	······ <b>,</b>
New Registered Office Address:		, Florida (City) (Zip Code)
	· ·	(zip Code)
lew Registered Agent's Signature, if cl	hanging Dagistarad Agants	
		ith and accept the obligations of the position.
	J ,	
		•
	Signature of New Re	egistered 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.

X Change	<u>PT</u> <u>J</u>	John Doe	
X Remove	<u>v</u> <u>!</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VT	Greg McClasky	4426 N Orange Blossom Trail
X Add			Orlando, FL 32804
Remove			
2) Change	vs	Joshua Carr	4426 N Orange Blossom Trail
X Add			Orlando, FL 32804
Remove			
3 ) Change	<u>v</u>	Corry Marett	4426 N Orange Blossom Trail
X Add			Orlando, FL 32804
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here:  (Re specific)
N/A	(ne specific)
177	
	<del></del>
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
·	

• . •	April 15, 2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective data if applicables		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) 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):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
April 20 Dated	, 2016	
Signature	Fred O'Brien	
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court winted fiduciary by that fiduciary)	
	Fred O'Brien	
	(Typed or printed name of person signing)	• • • • • • • • • • • • • • • • • • • •
	Incorporator	
	(Title of person signing)	