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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATI	ion: R P	LUSE E COMPI	say		
DOCUMENT NUMBER:	P16 0000	LUSE E COMPI	···-		
The enclosed Articles of Articles	mendment and fee are su	bmitted for filing.			
Please return all correspond	dence concerning this ma	tter to the following:			
	RATH K	REINHARD			
_	Name of Contact Person				
	Firm/ Company				
	10754 WILTON VIEW DRIVE				
		Addiess	<u></u>		
	AKPIES ;	FZ 34167 City/ State and Zip Cod			
		City/ State and Zip Cod	e		
	THR NE E-mail address: (to be u	ed for/future annual report	Con V		
For further information cor	scerning this matter, plea	se call:			
RUTH	REILHAMA	at ( 202	758 7158		
	ontact Person		de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ent Section of Corporations	Ameno Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

R PLUS E, COMP	PALY
(Name of Corporation as currently	filed with the Florida Dept. of State)
P160000 65	852
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fit its Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
WATCHOVER PLUS, COM	PAZY The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P	0°. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4150 DILLAM DRIVE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SMIBOL FO 33857
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	** T
	2.5
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	್ರಾಪ್ <b>ಅ</b> 
(Florida stree	t address)
New Registered Office Address:	, Florida
(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing

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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)	Title	Name	Address
l) Change		<u> </u>	<u> </u>
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
<del></del>	
	<del></del>
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9	
<del></del>	<del> </del>

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	Н	
Effective date if applicable:	FEDITUATRY 14th	2018
	(no more than 90 days after am	
Note: If the date inserted in this b document's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vote fficient for approval.	es cast for the amendment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groue each voting group entitled to vote separately	ups. The following statement on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for	approval
by		·
	(voting group)	<del></del>
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareho	older action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder	action and shareholder
DatedFUS	RUM 12H WIS	
Signature	Renlardt	
(By a di selected	rector, president or other officer — if directors l, by an incorporator — if in the hands of a rece ed fiduciary by that fiduciary)	
	RUTH RELLH	4206
•	RUTH RELLHI (Typed or printed name of person	signing)
	TRASuna	
	(Title of person signin	g)