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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RU Streaming TV	Inc			
DOCUMENT NUMB	P16000088635				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	JACÇ	OUELINE M ROSADO			
-	Name of Contact Person				
	TAX HOUSE MIAMI INC				
-	Firm/ Company				
	301 NE 79TH STREET #2				
-	Address				
		MIAMI FL 33138			
-		City/ State and Zip Cod	le		
	IAC	QUI@TAXHOUSEMIAM	II COM		
		sed for future annual report			
	·	•	,		
For further information	concerning this matter, pleas	se call:			
JACQUELINE M ROA	ADO	786) 615-2009		
Name of Contact Person		Area Code & Daytime Telephone Number		 	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	(*) (*)	:= C := ::::::::::::::::::::::::::::::::
■ \$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)	30 = 3 = 30	SHOLLY US AS
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations on Building Executive Center Circle		72

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

R U STREAMING TV INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P16000088635		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the follow	ring amendment(s)
A. If amending name, enter the new name of the corporation:		
South Florida Safety Professionals Inc		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "F	'o''. A professional corporation name mu	abbreviation st contain the
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		• •
Name of New Registered Agent		<u> </u>
		원 양동 양동
(Florida sirec	et address)	
New Registered Office Address:	. Florida	。
		ip Code)
Non-Designad Agent's Company of sharping Designad Agent.		
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	n.
Signature of New Re	gistered 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			The state of the s
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) ac	loption:	, 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 h document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendme fficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSeptem	der 20, 2019	
(By a d selected	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other c ted fiduciary by that fiduciary)	
	Robert Acuna	
	(Typed or printed name of person signing)	
	President	
	(Title of nerson signing)	· · · - ·