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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: RPB (DIVISULT AIUTS INC DOCUMENT NUMBER: P16 0000 90 270
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert P. Battleson RPB CONSULTAWIS INC Firm/Company 1199 S FEDERAL HWY STE 123 Address BOCA RATON, FL 33432 City/State and Zip Code Tobbattleson Danail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Battleson allo10, 550 9882
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Name

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
Tallahassee, FL 32301

Articles of Amendment

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Articles of	Incorporation
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PPQ COMIC	of , , , , ,
RPB CONSULTANTS	100 C 2019 CC2 16 AN 10-32
	ently filed with the Florida Dept. of State
<u>P16000090270</u>	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>i</u>
	The new
name must be distinguishable and contain the word "corport" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," oword "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7999 NORTH FEDERAL HW STE 102
	BOCA RATON, FL 33487
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1199 SOUTH FEDERAL HWY STE 122
	BOCA RATON, FI 33432
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address.	ddress in Florida, enter the name of the
Name of New Registered Agent	
(Florid	rireet address)
New Registered Office Address:	(Cip. (Zip Code)
	(2p code)
Name Description of the Co.	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the obligations of the position
g and	was and decip in bonganons of the position.
Ciananna of Va	u Papintanad Laure (C.)
Signature of ive	w Registered Agent, if changing
	\

N/A

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 De	<u>oe</u>			
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones			
X Add	<u>sv</u>	Sally Si	mith			
Type of Action (Check One) 1) Change	Title]/	4	<u>Name</u>	<u>Add</u>	<u>dres</u> s	
Add		_				
2) Change Add	*	-/		 .		
Remove 3) Change Add		_				
Remove 4) Change Add Remove		_		_		
5) Change Add Remove		_		 - <u>-</u>		_
6) Change Add Remove		<u></u>		 		

<u>famending or adding ad</u>	ditional Articles, enter change(s) here:
uttach <i>additional sheets, i</i> f	viecessary). (Be specific)
	
	
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an amendment provides	for an exchange, reclassification, or cancellation of issued shares,
provisions for implement	ing the amendment if not contained in the amendment itself:
(if not applicable, indi	cate N/A)
	\mathbb{L}^{1}
	10//1
- -	
	

The date of each amendment(s) adoption: 9/14/2019	if other than the
Effective date if applicable: 9/14/2019 or 05 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 wi document's effective date on the Department of State's records.	ll 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	
by	
☐ 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 9/14/2019	
Signature Lobert Peter Battleson	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporates. If in the hands of	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Robert Pekr Battle	50N
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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