## PNOWHY

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JUN 08 2017

R. WHITE

## **COVER LETTER**

Division of Corpo			
NAME OF CORPOR	ATION: RS Cous	MATING + CONF	AMTING INC
DOCUMENT NUMB	ER: <u>P170000</u>	14440	
	f Amendment and fee are s		
Please return all corresp	ondence concerning this ma	atter to the following:	
-	EKICH )PI	RES	
		Name of Contact Person	n
_	SPIRES + A	SOLIATES	
		Name of Contact Person Sociates Firm/ Company	
	12734 KENN		- 1-
-	12 134 NENL	Address	<u> </u>
	<i>_ a</i>	Address	
	BRT MYERS	FL 3390.	7
		City/ State and Zip Cod	e
	r .00	sed for future annual report	
<del></del>	Encul ( SPIRE	S ASSOCIATES. Co.	polification)
	L-man address. (to be a	sed for factore annual report	nonneationy
For further information	concerning this matter, plea	se call:	
Found	SPIRES	at ( 2.79	872-1195
	Contact Person	Area Co	872-1195 de & Daytime Telephone Number
Enclosed is a check for t	the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)

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 Articles of Incorporation of

17 JUN -5 AM II: 12

RS CONSULTING + CONT	an rose for
(Name of Corporation as	currently filed with the Florida Dept. of State)
P17000014440	
	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation;
name must be distinguishable and contain the word "co	PROSECT MANUACIEMENT, INC. The new proporation," "company," or "incorporated" or the abbreviation no.," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	2010 SW 30TH STREET  CAPE CORAL, FL 33914
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	2010 Sw 30 TH STREET  CASE CORAL FL 38914
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	address:
Name of New Registered Agent Exicul S 12734 K	FNAOOD LN STE 25  Torida street address)
New Registered Office Address: FORT	
<b>`</b>	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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	PT Jo	hn Doe		
X Remove	<u>V</u> <u>M</u> i	ike Jones		
X Add	SV Sa	lly Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	N/A	No CHANGE		
Add		•		
Remove		•		
2) Change	NA	No CHANGE		
Add	,			
Remove	N/	4/		
3) Change	NA	NO CHANGE		
Add	٠			
Remove				
4) Change				
Add				
Remove	,			
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)			(Be specific)
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14/1		LYANGE	
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in amenamen	provides i	or an excha	ange, reclassification, or cancellation of issued shares, Idment if not contained in the amendment itself:
(if not appli	rahla indic	ote N/4)	different in flot companied in the amendment resert.
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N/A	<del></del> ;	;	
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	, 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 will document's effective date on the Department of State's records.	I 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)	
☐ 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 6/1/17 Signature Supplementary	
(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)	<del>_</del>
ERICH SPIRES	
(Typed or printed name of person signing)	
CFO REGISTORED AGENT	
(Title of person signing)	