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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: S&T RECOVER	Y. INC.				
	MBER: P17000035413					
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.				
Please return all cor	respondence concerning this ma	atter to the following:				
	ROBERT RODRIGUEZ					
	Name of Contact Person					
	S&T RECOVERY, INC.					
	Firm/ Company					
	11114 SATELLITE BLVD					
	Address ORLANDO, FL 32837					
		City/ State and Zip Co-	de			
ARI	ESITP@LIVE.COM					
	E-mail address: (to be u	sed for future annual repor	1 notification)			
For further information	on concerning this matter, pleas		381-0980			
Name of Contact Person			ode & Daytime Telephone Number			
Enclosed is a check f	or the following amount made		•			
S35 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)			
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 Tullahassee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

S&T RECOVERY INC	
	ntly filed with the Florida Dept. of State)
P17000035413	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must he distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	" "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> )	\$50 m
C. Enter new mailing address, if applicable:	3 - m
(Mailing address MAY BE A POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	77.
	<u> </u>
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	
	· · · · · · · · · · · · · · · · · · ·
(Florida :	street address)
New Registered Office Address:	***
New Registerea Office Address:	(City) (Zip Code)
	, , , ,
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
3 3	S restrict y trimeries

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		
$\underline{X}$ Remove	$\underline{V}$	Mike Jones		
$\underline{X}$ Add	<u>sv</u> <u> </u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	JOHNNY V ROSA	11114 SATELLITE BLVD	
Add X Remove			ORLANDO, FL 32837	
2) Change				
Remove				
3)Change				
Add Remove				
4) Change				
Add				
5) Change				
Add Remove				
6) Change Add				
Remove				

f amending or adding additional Artic Mach additional sheets, if necessary).	(Be specific)
••	• • •
	· · · · · · · · · · · · · · · · · · ·
in amendment provides for an archa-	nge, reclassification, or cancellation of issued shares,
ovisions for implementing the amend	lings, reclassification, or cancellation of issued shares, liment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ment in not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	, if other than the
08/01/2018	
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, the document's effective date on the Department of State's records.	is date will 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 by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	ilemeni
"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 sharehaction was not required.	ıolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	:r
08/01/2018	
DatedSignature	
(By a director, president(of other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	een court
ROBERT RODRIGUEŻ	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	