## P1800000 2460

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700322851197

Mu/22/19--01021--006 \*\*35.80

19 JAN 22 AH 9: 2:

JAN 28 2019 S. YOUNG

## **COVER LETTER**

TO: Amendment Section  Division of Corporations
NAME OF CORPORATION: RUSI SCYVICES INC.
DOCUMENT NUMBER: Y 10 VVV 09 (V V
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(1ina Kocha
AB AND SERVICES
1100 W JU Street
Hallah, FL 33012
City/ State and Zip Code  Output  Outp
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(1ing 150ch (1 305, 982-12-38
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  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

Art	ticles of Incorporation
Redsi	Services Inc.
V 18 000	as currently filed with the Florida Dept. of State)
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corpo	<u>oration;</u>
	The new
	'corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	7
(Principal office address MUST BE A STREET ADDRE	<u> </u>
	2 7
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OF FICE BOX</u> )	
	10 23 23 23 23 23 23 23 23 23 23 23 23 23
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
	•
New Registered Office Address:	. Florida (Zip Code)
	(Zip Code)
Now Design of Association (Cabanata Design)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Signatur	re 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.

Example:	e, and sa	ny Sman, S+ as an Ada.	
Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title	Leonardo Silva	Address 25460 SW 129 Aver Homestead, FL 330
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
·	
·•	
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(i) not appricable, indicate that	
<u></u>	

1/23/19
The date of each amendment(s) adoption:
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 not be listed as document's effective date on the Department of State's records.
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.
Dated  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)  A  B  O  T  T
(Typed or printed name of person signing)
<u> Presiderit</u>
(Title of person signing)

the

the