## P180003016

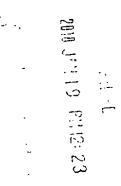
(R	equestor's Name)	
(A	ddress)	
A)	ddress)	
(C	Sity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RSTH, INC.	
DOCUMENT NUMBER:	P18000003016	
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concernir	ng this matter to the following:	
	JOEL MARCUS	
	Name of Contact Perso	n
	JOEL MARCUS, INC.	
-	Firm/ Company	<del></del>
	676 WEST PROSPECT RO	)AD
	Address	
	FT. LAUDERDALE, FL 33	3309
	City/ State and Zip Cod	e
	JMARCUSCPA@YAHO	O.COM
E-mail address	: (to be used for future annual report	notification)
For further information concerning this ma	atter, please call:	
JOEL MARCUS, CPA	954 at (	566 8513
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amou	int made payable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 Filing Certificate of		☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section		Iment Section
Division of Corporations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

restu

RSTH, INC.

2018 J\*119 FH12: 23

(Name of C	orporation as currently filed with the Flo	rida Dept. of State)	
	P18000003016	,,	• • •
	(Document Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following	g amendment(s) to
A. If amending name, enter the new name	of the corporation:		
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	on "Corp," "Inc," or "Co". A professione		
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRE</u>			<del></del> -
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF)</u>			
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, ente	r the name of the	<del></del>
Name of New Registered Agent	JGEL MARCUS, CPA		
	676 W. PROSPECT ROAD		
New Registered Office Address:	(Florida sneet address)	· · · · · · · · · · · · · · · · · · ·	
	FT. LAUDERDALE	, Florida	<del></del>
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if change the hereby accept the appointment as registered the second three transfers of the second three transfers of the second transfers o	l agent. I am familiar with and accept the c		
	Signature of New Registe <b>fe</b> d Agent, if c	nanging	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	P		SCHUMAN, RICHARD	676 WEST PROSPECT ROAD
Add				FT. LAUDERDALE
X Remove				FL 33309
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach ae	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)
	PLEASE NOW MAKE HOVINGA, TRACY THE PRESIDENT
	SHE WILL BE THE ONLY OFFICER
_	
	ALSO PLEASE ADD THE EIN NUMBER: 82-3970593
lf an am	endment provides for an exchange, reclassification, or cancellation of issued shares,
provisio (if n	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)

· · · · · · · · · · · · · · · · · · ·	f 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 not document's effective date on the Department of State's records.	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)	
(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	
Signature	
(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)	
TRACY HOVINGA	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	