P18000003724

(Re	questor's Name)				
(Ad	dress)				
(Ác	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	W	-wit			

Office Use Only

A. RIVERS DEC 2 2 2021



200378382482

12/22/21--01003--003 **35.00

Latitade E.

2021 DEC 22 AM 9:

MI DEC S.

2021 DEC 22 AM 9: 49

OE III

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Right Direction	Services Inc	
DOCUMENT NUMBE	R: P18000003724		
The enclosed Articles of	Amendment and fee are so	abmitted for filing.	
Please return all correspo	ondence concerning this ma	atter to the following:	
_		Marc Tate	
		Name of Contact Perso	n
_	<u></u>	Right Direction Services	Inc
		Firm/ Company	
		7901 4th st N 300	
		Address	
		St Petersburg, FL 3	
		City/ State and Zip Cod	e
_		rectionservicesinc@gmail.c	
	ti-mail address: (to be us	sed for future annual report	notification)
For further information c	concerning this matter, plea	se call:	
Marc Tate		at (<u>909</u>	727-6062
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:
\$35 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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee
Tallaha	issee, FL 32314	24151	N. Monroe Street. Suite 810

Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Right Direction	Services Inc			
DOCUMENT NUMBE	R: P18000003724				
The enclosed Articles of	Amendment and fee are st	ibmitted for filing.			
Please return all correspo	ondence concerning this ma	atter to the following:			
		Marc Tate			
		Name of Contact Perso	n		
		Right Direction Services	Inc		
		Firm/ Company			
		7901 4th st N 300			
	Address				
St Petersburg, FL 33702					
		City/ State and Zip Cod	e		
	rightdi	rectionservicesinc@gmail.c	on.		
-		sed for future annual report			
For further information co	oncerning this matter, pleas	. 000	, 727-6062		
	Contact Person	at (<u>909</u> Area Co	de & Daytime Telephone Number		
		payable to the Florida Depa			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Ce	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Flor	rida Dept. of State)	
Rigi	ht Direction Services Inc		
(Documen	nt Number of Corporation (if kno	wn)	
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corpo	rration adopts the following arr	nendment(s)
A. If amending name, enter the new name of the corp	ooration:		
		The	' HCW
name must be distinguishable and contain the word "corpe "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered." "professional association," or the abbrevia	or "Co". A professional corpo	orated" or the abbreviation "C ration name must contain the	Torp., " word
B. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRE	ESS)		
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 -		
			
). If amending the registered agent and/or registered	office address in Florida, enter	r the name of the	
new registered agent and/or the new registered offi	ice address:		
Name of New Registered Agent		202	
		. E	
	(Florida street address)		
	(**************************************		
New Registered Office Address:	(City)	Florida	
	(ciù)	17 (2) CO CD	
		STATI	
			•
'ew Registered Agent's Signature if changing Registe	and Agent:	1 ' 1	
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	ered Agent: n familiar with and accept the of	oligations of the position.	
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	ered Agent: n familiar with and accept the of	bligations of the position.	
Sew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the ol	bligations of the position.	
hereby accept the appointment as registered agent. I an	m familiar with and accept the of		
hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the of ee of New Registered Agent, if cha		

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I)Change	CEO	Terry McClain	860 Huron Dr
_x Add			Claremont Ca 91701
Remove			
2) Change			
Add			
Remove 3.1 Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessary	<mark>Articles, enter change(s)</mark> v). (Be specific)			
			 	_	
				-	
					
		·			
					
					
					
<u> </u>					
					-
_					
	-4				
un amandma		change, reclassification	ned in the amendment	<u>itself:</u>	
<u>provisions for </u>	implementing the ar	<u>mendment if not contain</u>			
<u>rovisions for </u>	implementing the ar	mendment if not contair			
<u>rovisions for </u>	implementing the ar	mendment if not contain			
<u>rovisions for </u>	implementing the ar	mendment if not contain			
<u>provisions for </u>	implementing the ar	mendment if not contain			
<u>provisions for </u>	implementing the ar	mendment if not contain			
<u>provisions for </u>	implementing the ar	mendment if not contain			
<u>provisions for </u>	implementing the ar	mendment if not contain			
an amendmen provisions for (if not appl	implementing the ar	mendment if not contain			

The date of e date this docu	ach amendment(s) adoption: _ ment was signed.	08/31/2021	, if other than the
	e <u>if applicable</u> : 08/31	2021	
	Un/31	(no more than 90 days after amendment file d	(ote)
W 16		-	,
document's ef	factive date on the Department	not meet the applicable statutory filing requiren of State's records.	nents, this date will not be listed as the
Adoption of A	Amendment(s) (C	HECK ONE)	
The amend action was	ment(s) was/were adopted by th not required.	e incorporators, or board of directors without sha	reholder action and shareholder
☐ The amend by the shar	ment(s) was/were adopted by the eholders was/were sufficient fo	e shareholders. The number of votes cast for the approval.	amendment(s)
The amend must be set	ment(s) was/were approved by to parately provided for each votin	he shareholders through voting groups. The follog g group entitled to vote separately on the amendi	owing statement ment(s);
"The	number of votes cast for the am	endment(s) was/were sufficient for approval	
by	Marc Tate	,,	
	(ve	ting group)	
	Dated12/13/2021		
	Signature		
	selected, by an inc	sident or other officer – if directors or officers has orporator – if in the hands of a receiver, trustee, or y by that fiduciary)	ve not been or other court
		Marc Tate	
		(Typed or printed name of person signing)	
	-	Secretary	
		(Title of person signing)	