P18000005823

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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APR 0 6 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Rent.	- A - COP	Inc		
NAME OF CORPORATION: Rent. DOCUMENT NUMBER: P18 0000	005823			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Timothy O	Cannell Name of Contact Person			
•	Name of Contact Person	1		
	Firm/ Company			
PO BOX 12 Clermont 1	0158			
ZI	Address			
<u>Clermont</u>	City/ State and Zip Cod	e		
+ Oconnell On: dgard holdings. net E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Timth, O'Connell	at (407	223 6758		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee \$\text{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		Address Iment Section		
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

......

Rent-A-COP Inc		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P 18000005823		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s	s) to
A. If amending name, enter the new name of the corporation:	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	"," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>N/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address:		<u>n</u>
Name of New Registered Agent NA		71
New Registered Office Address:	ret address)	ene Tiini ≃ini Tiini
	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
NA		
Signature of New Re	egistered 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_5_	<u>Callista OC</u>	onnell 3619 Komea Cir
Add			New Smyrna Beach FL, 32168
2) Change		NA	
AddRemove 3)Change		NA	
Add			
4) Change Add		NA	
Remove			All the second s
5)Change		_ <u>N/A</u>	
Add			
6) Change		NA	
Add			

<mark>lf amending or adding additional Arti</mark> Attach a <i>dditional sheets, if necessary</i>).	(Be specific)
1//4	
<u>V / / /) </u>	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij not applicable, malcale WA)	
/V	
·	

The date of each amendment(s) adoption:	SC - Alice Alice Alice
date this document was signed.	, if other than the
Effective date if applicable: 03/19/2018	
Effective date if applicable: 03/19/2018 (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 document's effective date on the Department of State's records.	, this 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.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 sh action was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated 18 19 7018	
Signature (By a director, president or other officer – if directors or officers have n	at haan
selected, by an incorporator – if in the hands of a receiver, trustee, or of	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Secretary (Title of person signing)	_
(Title of person signing)	