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(Address)  (City/State/Zip/Phone #)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: resalt, inc		
DOCUMENT NUM	P18000014453		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Rachel Wall		
		Name of Contact Perso	n
	resalt, inc		
		Firm/ Company	
	5454 Marsala Lane	. ,	
		Address	<del></del>
	Jacksonville, FL 32244		
		City/ State and Zip Cod	c
rac	hel.wall@littleflowerevents.com	n	✓
	E-mail address: (to be u	sed for future annual report	
For further informat	ion concerning this matter, pleas	se call:	
Rachel Wall		at ( <sup>765</sup>	de & Daytime Telephone Number
Nam	e 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:
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)
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Ameno Divisio Clifton	Address diment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Resalt, Inc.				
(Name o	of Corporation as currently	filed with the Florida Dept.	of State)	
P18000014453				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation ad	opts the following amendmen	ıt(s)
A. If amending name, enter the new na	ime of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design	ation "Corp," "Inc," or "C	Co". A professional corpora	rated" or the abbreviation tion name must contain the	
word "chartered," "professional associa	tion, or the abbreviation i	î.A.		
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S	TREET ADDRESS )		್ ಸ	1
			ं के क्षेत्र	$\overline{}$
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o e e	· <b>i</b> . 1			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)			70 mm mm m m m m m m m m m m m m m m m m	
	<del></del>		9	
		<del></del>		
·		_		
D. If amending the registered agent ar	d/or registered office address:	ess in Florida, enter the nan	<u>ie of the</u>	
new registered agent and/or the ne		<u>.</u>		
Name of New Registered Agent	Rachel Wall			
	5454 Marsala Lanc			
	(Florida stre	ret address)		
New Registered Office Address:	Jacksonville		. Florida 32244	
		(City)	(Zip Code)	
New Registered Agent's Signature, if of	hanging Registered Agent:			
I hereby accept the appointment as regis	tered agent. I am familiar w	eith and accept the obligation.	s of the position,	
	RNhOO			
	Signature of New Ro	egistered Agent, if changing	<del></del>	

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 <math>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>	Address
l) Change	PTD	Jason Wall	5454 Marsala Lane
Add			Jacksonville, FL 32244
X Remove			
2)Change	PT	Rachel Wall	5454 Marsala Lane
X Add			Jacksonville, FL 32244
Remove			
3) Change		_	
Add			4-1
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
-				
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If an amendment provides for an exc	vange, reclassification, or	cancellation of iss	ued sha <u>res.</u>	
provisions for implementing the ame	ndment if not contained	in the amendment	<u>itself:</u>	
(if not applicable, indicate N/A)				
		-		

The date of each amendment(s) and the this document was signed.	idoption:, if other than th
C	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder
04/02/201 Dated	8
Signature	Wall
select	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Rachel Wall
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)