## P180000 97279

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Amend

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ROB TO THE RE	SCUE, INC.	
DOCUMENT NUMI	BER: P18000097279		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ROBERT MATTIA		
		Name of Contact Person	1
	ROB TO THE RESCUE, INC	C.	
		Firm/ Company	
	P.O. BOX 151655	That Company	
		Address	
	CAPE CORAL, FL 33915		
	•	City/ State and Zip Code	2
R∩B'	TOTHERESCUE@YAHOO.	COM	
	-	sed for future annual report	nutification)
	is man address, (avice a	sea for ratae amean report	TRACTICALITY.
For further informatio	n concerning this matter, plea	se call:	
ROBERT MATTIA		at (	887-0410
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

POR	TO	THE	DEC	CLIF	INC
K I J D	11,	7 17 17		1 1 7 1 7	111

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P18000097279	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation N/A	: The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>N/A</u>
	2020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA NA
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Ν/Δ	
Name of New Registered Agent	<del></del>
	a street address)
·	
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
Signature of Ne	w 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	Rachel L. Mattia	18500 Lynn Road
X Add			North Fort Myers, FL 33917
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ticles, enter change(s) here: (Be specific)	
A		
		-
		_ <del>_</del>
	<del></del>	
<del></del>		
· · · · · · · · · · · · · · · · · · ·		
If an amandment provides for an evel	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/4)		

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	January 9, 2020	
The date of each amendment(s date this document was signed.	) adoption:	, if other than the
	anuary 9, 2020	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amen e sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendments:	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
$\square$ The amendment(s) is are being	g filed pursuant to s. 607.0120 (11) (e), F.S.	
The amendment(s) was were action was not required.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
1/9/2020 Dated	)	
Signature	CLA The	
sele	a director president or other officer – if directors or officers have no eted, by an incorporator – if in the hands of a receiver, trustee, or oth pinted fiduciary by that fiduciary)	
	Robert J. Mattia	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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