## P19000020948

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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APR 0 5 2021 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           | ATION: RN FURNITURE,  | CORP  |                                |   |  |  |
|--------------------------|---|---|--------------------------------|---|--|--|
| DOCUMENT NUMB            | ER: P19000020948  |   |                                |   |  |  |
|                          | of Amendment and fee are sul  | bmitted for filin   | g.                             |   |  |  |
| Please return all corres | pondence concerning this ma   | tter to the follow  | ving:                          |   |  |  |
|                          | FERNANDO SILVA  |   |                                |   |  |  |
| •                        |   | Name of Cor   | ntact Person                   |   |  |  |
|                          | SKYTRUST ENTERPRISE.  | LLC   |                                |   |  |  |
| •                        | Firm/ Company   |   |                                |   |  |  |
|                          | 123 NW 13TH ST # 214-12   |   | •                              |   |  |  |
| •                        |   | Addı  | ress                           |   |  |  |
|                          | BOCA RATON, FL 33432  |   |                                |   |  |  |
|                          |   | City/ State ar  | id Zip Code                    |   |  |  |
|                          | FERNANDO@SKYTRUSTE  | ENTERPRISE.C  | СОМ                            |   |  |  |
| •                        | E-mail address: (to be us   | ed for future an  | nual report n                  | notification)   |  |  |
| or further information   | concerning this matter, pleas   | se call:  |                                |   |  |  |
| ERNANDO SILVA            |   | at (  | 61                             | 463-2557  |  |  |
| Name of Contact Person   |   |   | Area Cod                       | 463-2557<br>e & Daytime Telephone Number  |  |  |
| nclosed is a check for   | the following amount made p   | payable to the Fi   | lorida Depar                   | tment of State:   |  |  |
| \$35 Filing Fee          | ☐\$43.75 Filing Fee & Certificate of Status                                   | S43.75 Filin<br>Certified Co<br>(Additional of<br>enclosed) | ру                             | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)              |  |  |
| Ame<br>Divis<br>P.O.     | ing Address Indirection Indirection of Corporations Box 6327 hassee, FL 32314 |   | Division<br>The Cer<br>2415 N. | address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303 |  |  |

## Articles of Amendment to Articles of Incorporation of

RN FURNITURE, CORP

| (Name of Corporation as current  | ly filed with the Florida Dept. of State)  |
|--|--|
| P19000020948   |  |
| (Document Number of  | of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  | Florida Profit Corporation adopts the following amendment(s)   |
| A. If amending name, enter the new name of the corporation:  |  |
| RN WOOD DESIGN, CORP   | an.  |
| name must be distinguishable and contain the word "corporation," "<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A." | A professional corporation name must contain the word  |
| B. Enter new principal office address, if applicable:  |  |
| Principal office address <u>MUST BE A STREET ADDRESS</u> )   |  |
|  |  |
|  | 202  |
| Enter new mailing address, if applicable:  | EB 1   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
|  | 1. OI :  |
|  |  |
|  |  |
| . If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  | ress in Florida, enter the name of the   |
| Name of New Registered Agent   |  |
|  |  |
| (Florida str   | reet address)  |
| None Presistent of Office Address.   |  |
| New Registered Office Address:   | (City), (Zip Code)   |
|  | , ap a service   |
| w Registered Agent's Signature, if changing Registered Agent creby accept the appointment as registered agent. I am familiar w   | in the state of the position is a second sec |
| Signature of New R   | egistered Agent, if changing   |
|  | Charles agent, if changing   |
| ek if annlicable   |  |

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  $\underline{\mathbf{V}}$ Mike Jones X Add <u>SV</u> Sally Smith **Eype of Action** <u>Title</u> <u>Name</u> Address Check One) ) \_\_\_\_ Change \_\_\_ Add Remove ) \_ \_\_\_ Change \_\_\_\_ Add \_\_ Remove ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove \_\_ Change \_\_\_ Add

\_\_\_\_ Remove

\_\_\_\_ Change

\_\_\_\_ Add

Remove

| in amendment provides for an exchange, reclassification, or cancellation of issued shares,                           |   |
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| ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) |   |
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|  | option:, if other than the  |
|--|---|
| date this document was signed.   |   |
| Effective date <u>if applicable</u> :                                    |   |
|  | (no more than 90 days after amendment file date)  |
| Note: If the date inserted in this b document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.  |
| Adoption of Amendment(s)   | (CHECK ONE)   |
| ■ The amendment(s) was/were add action was not required.                 | nted by the incorporators, or board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su       | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.   |
| ☐ The amendment(s) was/were app<br>must be separately provided for       | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes cast  | or the amendment(s) was/were sufficient for approval  |
| by   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
| , — —  | (voting group)  |
| 02/04/2021<br>Dated  |   |
| Signature  | cardo Never da Silva  |
| selecte  | rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
|  | RICARDO NEVES DA SILVA  |
|  | (Typed or printed name of person signing)   |
|  | P   |
|  | (Title of person signing)   |