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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ION: ROSS	nvestors, 1	NC.
DOCUMENT NUMBER:	P29000	035680	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this mat	tter to the following:	
		Name of Contact Person Stry S INC. Firm/ Company	
	PO Box 182	3 Address	
	O'sai, CA	Address 93024 City/ State and Zip Code	<u> </u>
		STONS, COM ed for future annual report	
For further information con	cerning this matter, pleas	e call:	
Angela 1 Name of Co	Cossop ntact Person	at (<u>3</u> 86 Area Co	624-8562 de & Daytime Telephone Number
Enclosed is a check for the			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■S43.75 Filing Fee-& Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing .	Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

- Ross Investors IN	C. 2015 KTT 25 DH 2-10
ROSS Investors, IN (Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P1900035680	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ldress in Florida, enter the name of the
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Name Barbaran I A and St. Co. 15 July 25 July	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	$rac{f nt:}{r}$ with and accept the obligations of the position.
	, a , , ,
Signature of New	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.

Mike Jones, V as Remov	ve, and Sally Smitt	h, SV as an Add.	
Example: X Change	PT John l	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	VPS	Renee Rossop	Renee Rossop Po Box 1823 O'Sai, CA 93024
2) Change Add	DC	Michelle Rossop	Michelle Rossop PO Box 1823
Remove 3)	PI	Angela Prossop	Osai, CA 93024 Angela Rossop Po Box 1823 Osai, CA 93024
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach additional she	rets, if necessary).	(Be specific)			
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_					
an amendment pro provisions for imple	ovides for an exchementing the amer	ange, reclassificand ment if not cor	ition, or cancellar itained in the am	tion of issued share endment itself:	<u>25,</u>
(if not applicable	e, indicate N/A')				
N/A					
					
			····		
				······································	

The date of each amendment(s) adoption: October 18, 2019 date this document was signed.	_, if other than the
Effective date if applicable: October 28, 2019	
(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, this date will a document's effective date on the Department of State's records.	10t 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east 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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/18/2019	
Signature	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed nationary by and nationary,	
Angela Rossop (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	