P200000 10/19

(Re	equestor's Name)	
(Ad	(dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

,

NAME OF CORPOR	RATION: REAL ADVANTA	GE GROUP INC	
DOCUMENT NUMB	BER: 220000010119		
	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	AGNIUS GORYS		
		Name of Contact Person	
	REAL ADVANTAGE GROU		
	····	Firm ² Company	
	12431 MACKINAC RD		
		Address	
	HOMER GLEN II, 60491		
		City State and Zip Code	,
	accounting/a expressline.us		
	E-mail address; (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call: at (675-7405
Name	of Contact Person	Area Co	de & Daytime Telephone Number
	or the following amount made	payable to the Florida Dep	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)
Am Div P.O	iling Address endment Section ision of Corporations), Box 6327 lahassee, F1, 32314	Amend Division The C 2415	Address Indicate the Address of Corporations Sentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

REAL ADVANTAGE GROUP, INC.			
(<u>Name of Corporation</u>	on as currently filed with	the Florida Dept. of State	1
P20000010119			
(Docum	ient Number of Corporatio	on (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	i Statutes, this <i>Florida Pro</i>	fit Corporation adopts the fo	ollowing amendment(
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc. "chartered," "projessional association," or the abbre	" or "Co". A projessioi	or "incorporated" or the abb nal-corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADI</u>	ORESS)		2
			2420 HAR 30 PH 6: 4
		·	
C. Enter new mailing address, if applicable:			ယ္
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			٠ <u>٠</u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	red office address in Flor office address:	rida, enter the name of the	
	tl lorida street address i		
New Registered Office Address:		, Florida_	
	iCuyi		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		vept the obligations of the pe	osition.
Sice	nature of New Registered :	Igent, if changing	
. Age	man e oprove or esquares e e e	describe to a considerate	
Check if applicable			

 \square The amendment(s) is are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

Please note the officer director title by the first letter of the office title:

P = President: V = Vice President: I = 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.

<u>X</u> Change	<u> 171</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	REMIGIJUS GORYS	13404 W OAKWOOD CT
X Add			HOMER GLEN II. 60491
Remove	S	RASA GORYS	5702 SE RIVERBOAT DR
2) Change			STUART FL 37997
Remove 3) Change			
Add			
Remove 4) Change			
Add			
Remove			
Add			
Remove 6) Change			
Add			
Remove			

	rticles, enter change c) — (Be specific)			
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<u> </u>				
f an amendment provides for an ex-	<u>vehange, reclassifica</u>	<u>ition, or cancellation (</u>	of issued shares,	
provisions for implementing the ar	<u>mendment if not cor</u>	ntained in the amendr	nent itself:	
 Of motomorphic indicate V 1x 				
(3) not applicable, indicate NA)				
(if not applicable, indicate NeA)				
(4 not applicable, indicate NA)				
(if not applicable, indicate NeA)				
(if not applicable, indicate NeA)				
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(if not applicable, indicate NeA)				

The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
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, a epartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was were ac action was not required.	opted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was were ac by the shareholders was were s	opted by the shareholders. The number of votes east for the amend afficient for approval.	lment(s)
☐ The amendment(s) was were ap must be separately provided to	proved by the shareholders through voting groups. The following so each voting group emitted to vote separately on the amendments	talement i.
"The number of votes cas	(for the amendment(s) was were sufficient for approval	
	(voling group)	
03 01 202 Dated		
selecto	firector, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	AGNIUS GORYS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	