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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: RIP MANAGMEN	ST SERVICES INC	
DOCUMENT N	umber: <u>Pa00006</u> 5	510 <u> </u>	
The enclosed Art	icles of Amendment and fee are su	bmitted for filing	
Please return all c	correspondence concerning this ma	tter to the following:	
	STERLING RIPPEON		
		Name of Contact Person	1
	RIP MANAGMENT SERVI	CES INC.	
		Firm/ Company	
	424 S. NOVA RD.		
		Address	
	DAYTONA BEACH, FL 32	114	
		City/ State and Zip Cod	e
	JACKY@TAXBIZCPA.CO\	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call: 386	258-1051
N:	ime of Contact Person		de & Daytime Telephone Number
Enclosed is a che	ek for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fo	ee □\$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	£44	Address

Articles of Amendment to Articles of Incorporation of

RIP MANAGMENT SERVICES INC

(Name of Corporation as curren	itly filed with the Florida Dept. of	State)
Pa0000065510		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
RIP MANAGEMENT SERVICES INC		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	A professional corporation name	lie abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	<u>.</u> :
	-	1;; 2; (19
		
D. If amending the registered agent and/or registered office ad		
new registered agent and/or the new registered office addre	NN:	
Name of New Registered Agent NA		
(Florida s	street address)	
New Registered Office Address:	171.	orida
THE THE GRACKET STATE OF THE	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		the position.
Signature of New	Registered Agent, if changing	
Charle if anniemble		

Check if applicable

☐ 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	PT	<u>John Doc</u>	
∑ Remove	V	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			-
KCIHOXC			

E. <u>If a</u> (An:	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
NA NA	inch takan waccasa ya Tax sqxeyea
F. <u>If a</u>	in amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>pr</u>	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N A)
NA	
_	

) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amen	dment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory fili Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes sufficient for approval.	east for the amendment(s)
	approved by the shareholders through voting group for each voting group entitled to vote separately or	
"The number of votes o	ast for the amendment(s) was/were sufficient for a	oproval
by		
	(voting group)	
Dated 2	31-2020	
sele	a director president or other officer – if directors of eted, by an incorporator – if in the hands of a receipinted fiduciary by that fiduciary)	
	STERLING RIPPEON	
	(Typed or printed name of person si	kniuf)
	PRESIDENT	
	(Title of person signing)	