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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ROYI	AL RV R	ENTALS INC
DOCUMENT NUMBER:	P2100	0069153	
The enclosed Articles of Amenda			
Please return all correspondence	concerning this mat	tter to the following:	
	20YAL F DO S FE T WAVD	Firm/ Company Firm/ Company DERAL H Address ERDALE City/ State and Zip Co	INSKÍ LS INC. WY APT 6045 FL 3330/ ode promoil.com. promoilication)
For further information concerni	ng this matter, pleas	se call:	
MATT HOLOWI Name of Contact	NSKI Person	at (<u>325</u> Area C	250 8894 Code & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made [payable to the Florida Do	epartment of State:
	3.75 Filing Fee & tificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327	ection rporations	Ame Divis	et Address ndment Section sion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of

	ENTALS INC
(Name of Corporation as current)	y filed with the Florida Dept. of State)
PZ10000691	153
(Document Number o	f 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) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	200 S FEDERAL HWY
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	APT 6045 EE 8
	FORT LAUDE POALE FE 3330/
C. Enter new mailing address, if applicable:	SE 50 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	The F
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
	HOLOWINSKI
200 S FEDER	RAL HWY
· ·	
New Registered Office Address: FORT LAUDERD	OAU FL 3330 (City) (Zip Code)
	(cap (cap)
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
1111	//
Matter 1 14	Jh-
Signature of New R	egistered Agent, if changing

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.

X Change	PT	John Doc					
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	D	MAT	THEW P	HOLOWIN		S FEDERAL HUY	
X_ Add						6045	, ,
Remove					10PT 1	AUDERDALE, FL 33	5°
2) Change							
Add						200 E	
Remove Change							
Add							
Remove					 		
4) Change		-				F	
Add							
Remove							
5) Change			 -				
Add							
Remove							
6) Change							
Add					_		
Remove							

Attach <i>additional sheets, ij</i>	necessary). (Be specific)	
		
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		SE 6
		
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f an amendment provide	s for an exchange, reclassification, or cancel	llation of issued shares,
provisions for implemen	ting the amendment if not contained in the a	amendment itself:
(if not applicable, inc	(cale N A)	
		/
		
	——————————————————————————————————————	
	/	
		

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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
mormon Cinan Advanta anenancia fice tine,	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	of be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sh action was not required.	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	FILEC
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):	IS BI
"The number of votes cast for the amendment(s) was/were sufficient for approval	H 2: 1
by	;
(yoling group)	
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 count appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	