## P9200000 5419

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: Ropatco, Inc. DOCUMENT NUMBER: P92000005419 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pat Ahern Name of Contact Person 950 NO. COURTENAY PKWY SUITE 16 Address MERRITT ISLAND, FL 32953 City/ State and Zip Code pinchapenny25@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pat Ahern Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Ropatco, Inc.	•	ယ ©
(Name of Corporation as currently filed with the	Florido Dent. of State	3 OCT
P9200005419	e Piorita Dept. of State)	<u>'</u>
(Document Number of Corporation	(if known)	<u> </u>
•	• ,	7
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the fo	llowing amenda
A. If amending name, enter the new name of the corporation;		
N/A		The ne
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	" "Co". A professional corporation name	the abbreviation
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address.		
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
(Ci	(Zip Co	de)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: or with and accept the obligations of the pos	ition.
Signature of New Registers	d 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.

Example: X_Change	PT Jo	ohn Doe	
X Remove	Y M	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VTS	Monique Ahern	154 EAST GADSDEN LANE
X Add			COCOA BEACH, FL 32931
Remove			
2) Change			
Add			
Remove			
3 ) Change	<u>.</u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Demosia		·	

If amending or adding additional Ar (Attach additional sheets, if necessary).	<u>ticies, enter change(s) here</u> : . (Be specific)
/A	
	<del></del>
·····	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:

The date of each amendment(s) ac	12/14/02	if other than the
date this document was signed.	ioption.	, if other than the
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated N	10/3/13	
Signature	Para De l'escioni	_
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Pat Ahern	
	(Typed or printed name of person signing)	<b>—</b>
	President	
	(Title of person signing)	<del></del>