2000811 LouAnn Rutkowski Crary-Buckanan

# Florida Department of State

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN RITE ANGLER, INC.

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#### COVER LETTER

**TO:** Amendment Section Division of Corporations RITE ANGLER, INC. NAME OF CORPORATION: P93000081100 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: Adam Bleggi, Esquire Name of Contact Person ABN Law Firm! Company 2390 Tamiami Trail North, Suite 214 Addiess Naples, FL 34103 City/ State and Zip Code adam@abn-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lou Ann Rutkowski Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S S Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is anclosed) Mailing Address Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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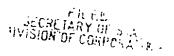
Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment

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f State)	tly filed with the Floric	of Corporation as curre	(Name
	081100	P9300	
· · · · · · · · · · · · · · · · · · ·	of Corporation (if knows	(Document Numbe	
its the following amendment(s) t	s Florida Profit Corport	.1006, Florida Statines, th	ursuant to the provisions of section 607 Articles of Incorporation:
		ame of the corporation:	. If amending name, enter the new n
The new	T MYERS, INC.	RITE ANGLER OF	
ted" or the abbreviation	on." "company," or ". "Co". A professional c	nation "Corp." "Inc." o	ime must be distinguishable and cor Forp.," "Inc.," or Co.," or the design ord "chartered." "professional associa
	6359 Plomosa Aver	if apolicable-	Enter new principal office address.
	Ft. Myers, FL 3390		rincipal office address MUST BE A S
	6359 Plumosa A ver	. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	Ft. Myers, FL 3390		
	<u> </u>		If amending the registered agent as new registered agent and/or the ne
		6359 Plumosa Avenue	
<b>7.</b> 2000	reet address)		
orida		Ft. Myers, FL	New Registered Office Address:
(Zip Code)	(Cip)		
the position.	<u>:</u> with and accept the obti	hanging Registered Age ered agent. Tum familia	w Registered Agent's Signature, if coreby accept the appointment as registered.
7	<u>i</u> with and accept the obli	hanging Registered Age ered agent. I um familia	w Registered Agent's Signature, if coreby accept the appointment as regist

Page 1 of 4

Signature of New Registered Agent, if changing

### (((H18000210471 3)))

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 shear, if necessary)

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

P = President, V = Vice President; V = 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	<u>l, d</u>	John Doc	
∑ Remove	$\Sigma$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
3)Change			
Add			<u></u>
Remove			
2) Change			****
Add			
Remove			
3)Change		-	·····
Add			
4) Change			
Add			
Remove			
5) Change			
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6)Cliange			
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Remove			

Page 2 of 4

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E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change( (Be specific)	s) here:			
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		11-7-7-11		······································	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassificati adment if not cont	on, or cancellat tined in the and	ion of issued st indment itself:	INTES,	
	1448	····	·	····	
			L		

Page 3 of 4

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
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 D	block does not meet the applicable statutory filing requirements, this date vapartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of voice cast for the amendment(s) afficient 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 ad- 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	
	0, 2018	
Signature <u>X</u>	The state of the s	
ABy a d selecte	lirector, 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)	
	John M. Hargaden	
	(Typed or printed name of person signing)	····
	President	
	(l'itle of person signing)	