P95000081414

| (Re | equestor's Name) | |
|-------------------------|--------------------|------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | · | |
| Special Instructions to | Filing Officer: | |
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C. LEWIS

MAR 31 2014

EXAMINER

COVER LETTER

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| TO: | Amendment Section |
|-----|--------------------------|
| | Division of Corporations |

,

| NAME OF CORPORATION: Recovery F | esou} | rce Ente | erprises, Inc. |
|--|--------------|---------------------------------------|--|
| DOCUMENT NUMBER: P9500008141 | | | |
| The enclosed Articles of Amendment and fee are subm | nitted for f | ĭling. | |
| Please return all correspondence concerning this matte | r to the fol | llowing: | |
| Frank Cid | | - | |
| | Name of | Contact Persor | 1 |
| Recovery Resou | rces E | Enterpris | ses, Inc. |
| | Firm | / Company | |
| 701 S. Swinton A | \ve A | pt G | |
| | A | Address | |
| Delray Beach, Fl | _ 3344 | 44 | |
| | City/ Stat | e and Zip Code | • |
| frankxcid@oceansid | ladatc | v oom | |
| E-mail address: (to be used | – | | notification) |
| E-mail address. (to be usee | i ioi iuiuic | annuar report | nonneanon) |
| For further information concerning this matter, please | call: | | |
| Frank Cid | | _{11 (} 561 | 866-0012 |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the following amount made page. | yable to th | e Florida Depa | rtment of State: |
| ■ \$35 Filing Fee | Certifie | nal copy is | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisie Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301 |



Articles of Amendment Articles of Incorporation

14 MM 28 PM 12: 54

SECRE FARY OF STATE TALL AHASSEE, FLORIDA

Recovery Resources Enterprises, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

| P9 | 50 | 00 | 08 | 1 | 41 | 4 |
|----|----|----|----|---|----|---|
|----|----|----|----|---|----|---|

(Document Number of Corporation (if known)

endment(s) to

| Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation: | orida Statutes, this <i>Florida Pro</i> | fit Corporation adopts the fo | llowing amendme |
|--|---|--|---|
| A. If amending name, enter the new name of the | ne corporation: | | |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered." "professional association," or | Corp," "Inc," or "Co". A pre | my," or "incorporated" or ofessional corporation name | The nev the abbreviation must contain the |
| B. Enter new principal office address, if applic (Principal office address MUST BE A STREET) | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u> </u> | | |
| D. If amending the registered agent and/or reg new registered agent and/or the new registe | | ida, enter the name of the | |
| Name of New Registered Agent | | | |
| | (Florida street address) | | |
| New Registered Office Address: | (City) | , Florida(Zip Co | ode) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age | | cept the obligations of the pos | sition. |

Signature of New Registered Agent, if changing

If amending the Officer's 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 | <u>PT</u> | John Doe | |
|-------------------------------|-----------|--------------------|------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | VP | William E Schrader | 450 Northlake Blvd #11 |
| Add | | - | Lake Part, FL 33408 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| _ | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | tach additional sheets, if necessary) | . (Be specific) | | | |
|--|--|------------------|---------------------------------------|---------------------------------------|--------------|
| an amendment proxides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | | | |
| rovisions for implementing the amendment if not contained in the amendment itself: | | <u> </u> | | | |
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| rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | an amendment provides for an ex | change, reclassi | fication, or cano | ellation of issue | ed shares, |
| | rovisions for implementing the an (if not applicable, indicate N/A) | nendment if not | contained in the | amendment its | <u>self:</u> |
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14 MAR 28 PM 12: 54 , if other than the The date of each amendment(s) adoption: SECRETARY OF STATE date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. 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): "The number of votes cast for the amendment(s) was/were sufficient for approval The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated_03/21/2014 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 court appointed fiduciary by that fiduciary) Frank X. Cid (Typed or printed name of person signing) President (Title of person signing)