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RESTOR TELECOM, INC

TYPE OF FILING: AMENDMENT

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COVER LETTER

TO: Amendment Section

Division of Corporations Restor Telecom, Inc. NAME OF CORPORATION: P99000066610 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lisa Somerville Name of Contact Person Restor Telecom, Inc. Firm/ Company 9251 Silver Lake Drive Address Leesburg, Florida 34788 City/ State and Zip Code jsomer@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 230-9200 Area Code & Daytime Telephone Number Lisa Somerville 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Malling Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Taliahassoe, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of		I S
Restor Telecorn, Inc.		- 85室
(Name of Corporation as current	ly filed with the Florida Dent. of State)	<u>ino</u>
P99000066610		Es
(Document Number	of Corporation (if known)	· 82
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	a Florida Profit Corporation adopts the follow	Ing amendmen
A. If amending name, enter the new name of the corporation: RTI Partners, Inc.		_
<u> </u>	<u> </u>	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9251 Silver Lake Drive	
	Leesburg, Florida 34788	
C. Enter now mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	9251 Silver Lake Drive	
	Leesburg, Florida 34788	
D. If amouding the registered agent and/or registered office admired new registered agent and/or the new registered office address.		
Name of New Registered Agent N/A		
		
(Florida s	treet address)	
New Registered Office Address:	. Florida	
(19) Asgus Ca Onice Address.		ip Code)
New Rigitatered Agent's Signature, If changing Registered Agent I hereby accept the appointment as registered agent. I am familian		л.
Signature of New	Registered 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; CBO = 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. Examples X Change PT John Doe X Remove Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) N/A Change N/A N/A N/A Add ___ Remove 2) ____ Change ____ AddRemove 3) ____ Change ___ Add Remove 4) ____ Change ___Add ____ Remove 5) ____ Change Add Remove

6) ____ Change

_ Remove

he name of the Cor	poration is RTI Partners, Inc. The mailing address of the Corporation shall be 9251 Silver Lai
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	No. of the second secon
	provides for an exchánge, recipssification, or cancellation of issued spares. Apiementing the amendment if not contained in the amendment itself:
provisiona for	cable, indicate N/A)
provisions for l (if not appl	cable, indicate N/A)
provisions for l (if not appl	cable, indicate N/A)
provisions for l (if not appl	cable, indicate N/A)
provisions for l	cable, indicate N/A)

The date of each amendment(s) adoption: date this document was algred.	, if other than the
·	
Effective date if applicable: (no more than 90 days after amendment file date)	Applingsgrame, in the sign defined to the specific of the spec
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	i
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ 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 11-16-2015	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hunds of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Lisa Somerville	
(Typed or printed name of person signing)	
President + CEO	
(Title of person signing)	