P12000012100

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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Sect Division of Corpo				
NAME OF CODDO	R3fs Inc			
PAGE OF CORFO	NAME OF CORPORATION: R3fs Inc DOCUMENT NUMBER: P12000012166			
DOCUMENT NUMI	BER:	<u> </u>		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	Joshua Weddingt	on		
		Name of Contact Persor		
	R3fs Inc			
	Firm/ Company			
	11275 Us Hwy 98 W St-6-128			
	Address			
	Miramar Beach F	<u> </u>		
		City/ State and Zip Code	•	
	E-mail address: (to be us	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call:		
Joshua Wed	dington	at (850	218.8797	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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 Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle	

Articles of Amendment to Articles of Incorporation of



R3fs Inc

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

P12000012166	currently med with the Fio	riua Dept. of State)		
	nt Number of Corporation (if k	mown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation	adopts the following a	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpo		
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	ıme of the	
Name of New Registered Agent	Joshua Weddingt	on		
Hume of the Registered rigen	169 Sweetwater	Lane		
	(Florida stree		_	
New Registered Office Address:	Freeport	, Florid	_a 32439	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligation	ons of the position.	
	7		_	
Sig	gnature of New Registered Ag	ent, ij changeng		

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	Joshua Weddington	169 Sweetwater Lane
Add			Freeport, FI 32439
Remove			
2) X Change	VP	Joshua Weddington	169 Sweetwater Lane
Add			Freeport, Fl 32439
Remove			
3) Change			
Add		•	
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Ad d			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	, , , , , , , , , , , , , , , , , , ,
 	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

		and the first field the artificial
The date of each amendment(s) ac	10/27/12	on the state of the state of the
Effective date if applicable: 10	/27/12	array it selen
Ellective date it applicable.	(no more than 90 days aft	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of flicient for approval.	of votes cast for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separate	
"The number of votes cast	for the amendment(s) was/were sufficient	nt for approval
by	(voting group)	.,
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without share	holder action and shareholder
_{Dated} 10/27/	12	
Signature	Paul A Boudreaux	
(By a d	irector, president or other officer – if did d, by an incorporator – if in the hands of ted fiduciary by that fiduciary)	
	Paul Boudreaux	,
	(Typed or printed name of p	erson signing)
	President	
	(Title of person signing)	