Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000225575 3)))



H130002255753ABC/

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Division of Corporations
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Account Name : CONTRACTORS REPORTING SERVICES, IN
Account Number : I20050000099
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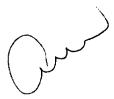
Enter she email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN EG AND ASSOCIATES INC.

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From: Roman Albano

Fax: 813-445-7083

To:

Fax: +1 (850) 617-6380

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(((H13000225575 3)))

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	EG AND ASSOCIATES INC.	
DOCUMENT NU	JMBER:	P03000073660	
The enclosed Artic	cles of Amendment and fee ar	e submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
		ROMAN ALBANO	
	Na	ame of Contact Person	
	CONTRACTORS	REPORTING SERVICE, INC	
		Firm/ Company	
13795 N Nebraska Ave			
		Address	
		mpa, FL 33613	
	Ci	ty/ State and Zip Code	
		VATEMYLICENSE.COM I for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	ROMAN ALBANO	atat(813) 932-5244	
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount m	ade payable to the Florida Department of State:	
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	osed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
I MIMIMUSOO, I I JAOI I		Tallahassee, FL 32301	

Fax: 813-445-7083

Fax: +1 (850) 617-6380

To:

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Articles of Amendment to Articles of Incorporation of

(((H13000225575 3)))

EG	AND ASSOCIATES IN	c.
(Name of Corporation	as currently filed with the	Florida Dept. of State)
	P03000073660	
(Docum	nent Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Flor	ida Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		F1LED 13 007 10 74 1:
D. If amending the registered agent and/or r new registered agent and/or the new registered.		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	dress)
		, Florida
	(City)	(Zip Code)

Page 1 of 3

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

	id title, name, and address of each	h Officer and/or Director being added:	(((H13000225575
(Attach adai	tional sneets, if necessary)		***
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
D	CARDONA, LUIS F	324 PIANO LANE	☐ Add
	•	DAVENPORT. FL 33896	Remove
			□ Add
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		,	☐ Add
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			☐ Add
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	ding or adding additional Article dditional sheets, if necessary). (E	s, enter change(s) here:	
		s, enter change(s) here:	
		s, enter change(s) here:	
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		s, enter change(s) here:	
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F. If an a	dditional sheets, if necessary). (E	s, enter change(s) here:	Remove
F. If an approvisi	dditional sheets, if necessary). (E	s, enter change(s) here: Be specific) Inge, reclassification, or cancellation of is	Remove
F. If an approvisi	mendment provides for an exchar	s, enter change(s) here: Be specific) Inge, reclassification, or cancellation of is	Remove
F. If an approvisi	mendment provides for an exchar	s, enter change(s) here: Be specific) Inge, reclassification, or cancellation of is	Remove
F. If an approvisi	mendment provides for an exchar	s, enter change(s) here: Be specific) Inge, reclassification, or cancellation of is	Remove

From: Roman Albano	Fax: 813-445-7083	To:	Fax: +1 (850) 617-8380	Page 6 of 6 10/9/2013 11:51	
The date of	f each amendment	(s) adoption: 10/09/201	3	(((H1300022557	5 3)))
- 200 0000 0		(date of a	doption is required)		
Effective d	ate <u>if applicable</u> :	(no more than 90 days after			
		(no more than 90 days after	amenament file dale)		
Adoption o	of Amendment(s)	(CHECK ONE)		
		e adopted by the shareholder re sufficient for approval.	s. The number of vote	es cast for the amendment(s)	
		e approved by the sharehold for each voting group entit		ups. The following statement on the amendment(s):	
"Γ	he number of votes	east for the amendment(s) wa	as/were sufficient for a	pprov al	
by		(voline group)	, 27		
		(voung group)			
	endment(s) was/wer was not required.	re adopted by the board of di	rectors without shareh	older action and shareholder	
	endment(s) was/wer was not required.	re adopted by the incorporato	ors without shareholder	r action and shareholder	
	Dated_10/0	09/2013	······		
	Signature	Korge D. Jan			
	(By	a director, president or other			
	sele app	cted, by an incorporator - if cointed fiduciary by that fiduciary	in the hands of a recei- ciary)	ver, trustee, or other court	
		GEO	RGE O REYES		
		(Typed or print	ed name of person sign	ning)	
		1	DIRECTOR		
		(Title of person sig	ning)		