

527221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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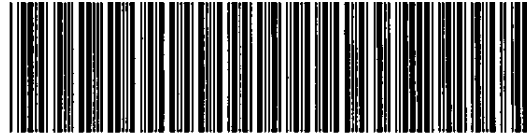
(Business Entity Name)

(Document Number)

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*Amend*

10/29/14--01017--004 \*\*35.00

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2014 OCT 29 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*11/7/14*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: INSTITUTIONAL PRODUCTS, INC.

DOCUMENT NUMBER: 527221

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN GEYMONAT  
Name of Contact Person  
INSTITUTIONAL PRODUCTS, INC  
Firm/ Company  
1011 NW 6<sup>th</sup> ST  
Address  
HOMESTEAD, FL 33030  
City/ State and Zip Code  
Juan @ edu-case.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN GEYMONAT at ( 954 ) 347-1584.  
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:

- ☒ \$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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

INSTITUTIONAL PRODUCTS, INC.

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

527221

(Document Number of Corporation (if known))

FILED  
2014 OCT 29 PM 4:33  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

**New Registered Agent's Signature, If changing Registered Agent:**

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

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; 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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action

(Check One)

Title

Name

Address

- |   |            |                      |                                  |
|---|------------|----------------------|----------------------------------|
| 1) <input type="checkbox"/> Change      | <u>CEO</u> | <u>IVAN GEYMONAT</u> | <u>1011 NW 6<sup>th</sup> ST</u> |
| <input checked="" type="checkbox"/> Add |            |                      | <u>HOUSTON, FL 33030.</u>        |
| <input type="checkbox"/> Remove         |            |                      |                                  |
| 2) <input type="checkbox"/> Change      |            |                      |                                  |
| <input type="checkbox"/> Add            |            |                      |                                  |
| <input type="checkbox"/> Remove         |            |                      |                                  |
| 3) <input type="checkbox"/> Change      |            |                      |                                  |
| <input type="checkbox"/> Add            |            |                      |                                  |
| <input type="checkbox"/> Remove         |            |                      |                                  |
| 4) <input type="checkbox"/> Change      |            |                      |                                  |
| <input type="checkbox"/> Add            |            |                      |                                  |
| <input type="checkbox"/> Remove         |            |                      |                                  |
| 5) <input type="checkbox"/> Change      |            |                      |                                  |
| <input type="checkbox"/> Add            |            |                      |                                  |
| <input type="checkbox"/> Remove         |            |                      |                                  |
| 6) <input type="checkbox"/> Change      |            |                      |                                  |
| <input type="checkbox"/> Add            |            |                      |                                  |
| <input type="checkbox"/> Remove         |            |                      |                                  |

(Attach *additional sheets, if necessary*). (Be specific)

A hand-drawn graph on lined paper. The graph consists of a single straight line with a positive slope. The line starts at a point on the y-axis (approximately 1/3 of the way up from the bottom) and extends diagonally upwards to the right, crossing the top of the page. The line is drawn with a dark pencil or pen. The background is white paper with horizontal blue lines.

(if not applicable, indicate N/A)

A hand-drawn graph on lined paper. The graph consists of a single straight line with a positive slope. The line starts at a point on the y-axis (approximately 1/4 of the way up from the bottom) and extends upwards and to the right, passing through approximately 8 horizontal grid lines. The line is drawn with a dark pencil or pen.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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.

☐ 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

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 10/21/2014.

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)

INARID L. CRASPO

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

INSTITUTIONAL PRODUCTS, INC.

**Filing Information**

**Document Number** 527221  
**FEI/EIN Number** 591724867  
**Date Filed** 03/07/1977  
**State** FL  
**Status** ACTIVE

**Principal Address**

1011 N W 6 STREET  
HOMESTEAD, FL 33030

Changed: 04/16/2013

**Mailing Address**

1011 N W 6 STREET  
HOMESTEAD, FL 33030

Changed: 04/16/2013

**Registered Agent Name & Address**

Crespo, Ingrid L  
1011 N W 6 STREET  
HOMESTEAD, FL 33030

Name Changed: 04/16/2013

Address Changed: 04/16/2013

**Officer/Director Detail****Name & Address**

Title PD

Crespo, Ingrid L  
1011 N W 6 STREET  
HOMESTEAD, FL 33030

**Annual Reports**

Report Year	Filed Date
2013	04/16/2013
2014	01/13/2014
2014	06/24/2014

**Document Images**

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