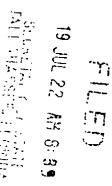
## G 16564

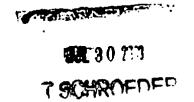
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: Capitol Supply, In	c		
DOCUMENT NUN	G76564			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Joan Steele			
		Name of Contact Person	n	
	Capitol Supply, Inc.			
		Firm/ Company	·	
	851 BROKEN SOUND PAR	RKWAY, SUITE 280		
	Address			
	BOCA RATON, FL 33487			
		City/ State and Zip Cod	e	
Mai	nagers@atd.com			
		sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Joan Steele		. 954	673-1786	
Name	e of Contact Person	at (	)	
Hank	or contact reison	Area Co	de de Baytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment 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 3231.1		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Capitol Supply, Inc	
(Name of Corporation as currently	filed with the Florida Dept. of State)
G76564	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	<i>llorida Profit Corporation</i> adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	o". A professional corporation name must contain the
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 addressed new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	- TI
Mane of New Register Caringen	
(Florida stre	ot address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	gistered 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	<u>PT</u> <u>John</u>	<u> Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Presiden	Robert J Steinman	851 BROKEN SOUND PARKWA'
Add			SUITE 280
X Remove			BOCA RATON, FL 33487
2) Change			
Add			
Remove			<u> </u>
3 ) Change		<del></del>	
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
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6) Change			
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an amendment provides for an exchange, reclassification, or cancellation of issued shar	<u>res.</u> 7,5	52
rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	***** *1**	
(tj not applicable, indicate 1974)	** ; * \$	130 130 130 130 130
	<u> </u>	<u> </u>
		93) (4)
	<u> </u>	

July 1, 2019		:42 =	ali i ali i ali
The date of each amendment(s) adoption:date this document was signed.		11 0	ther than th
Effective date if applicable:			
(no more than 90 days after amendment file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will	not be	listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )			
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	1ent		
"The number of votes cast for the amendment(s) was/were sufficient for approval			
by			
(voting group)	- 1		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler.	ال الال	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	1)3 22.1 31	22 1	
July 16, 2019		<b>.</b> ₩ 8:	ラ
Signature AV (ma Slum		 (2)	
(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 cou appointed fiduciary by that fiduciary)		_	
Joan Steele			
(Typed or printed name of person signing)			
CEO			
(Title of person signing)			<del></del>

as the