## Paacoo 69301

(Re	questor's Name)	
bA)	dress)	<del> </del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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Amend

## **COVER LETTER**

TO: Amendment Section

Division of Corpor	rations		
NAME OF CORPOR	ation: <u>Éight S</u> er: <u>P0000</u>	treet Propert	y Inc.
DOCUMENT NUMB	er: <u>P0660</u>	00 69301	
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Rafas	Name of Contact Persor	1
-	9,7 Albe	Fron/ Company  2rca Street  Address  /es FL 3:3/3  City/ State and Zip Code	
-			
	E-mail address (to be us	inta rusa insulation sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Rafae	1 Pict 9	at ( 305	335-6382 de & Daytime Telephone Number
	the following amount made		
₩ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is encl*sed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

Eight Street	Property.	Inc.			
(Name of Corpo	ration as currently	filed with the Florida I	Dept. of State)		
f 00000C					
(Do	ocument Number of (	Corporation (if known)			
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:  A. If amending name, enter the new name of the		lorida Profit Corporatio	on adopts the foll	lowing amendr	nent(s) t
				The no	211'
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp, " "Inc, " or "C	o". A professional cor	orporated" or t poration name t	the abbreviation	on
B. Enter new principal office address, if applications and applications and applications are applied to the second and applications are applied to the second and applied to the second applied to the second and applied to the second applied to					-
(Principal office address <u>MUST BE A STREET</u> )	<u>4DDRESS</u> )				77
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>' BOX</u> )			7 AH 2: 36	
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ss in Florida, enter the	name of the		
Name of New Registered Agent	<del></del> _				
	ıFlorida strec	et address)			
	Tr Torrida sir Co				
New Registered Office Address:	10	City)	, Florida	(Zip Code)	-
		•		·	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as registered age	nt. – I am familiar wi	th and accept the obliga	itions of the posi	tion.	
	Signature of New Re	gistered Agent, if changi	ing		

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	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
I) Change	VP Minta Pulg Vice President	917 Alberca Street Coral Gables FL 3313
X_ Add	Vice President	Coral Gables FL 3313
Remove		
2) Change		
Add		
Remove		
3 ) Change		
Add		
Remove	•	
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
		<del></del>
·		
		•
·····		<del>.</del>
If an amendment provides for an exc	ange, reclassification, or cancellation of	issued shares,
provisions for implementing the amo	ndment if not contained in the amendme	ent itself:
(if not applicable, indicate N/A)		

The date of each amendment(s) ac late this document was signed.	option: if other than in
Effective date if applicable:	
<del></del>	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) Ticient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	18/2/17 1 Wh
	region, president or other officer – if directors or officers have not been
	Lby an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
,	Refer 1 Pur
	(Typed or printed name of person signing)
	President (Title of person signing)
	(Title of person signing)