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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Iron City Installations, INC DOCUMENT NUMBER: <u>PO 30000 50 950</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Iron City Installations, INC

Firm/ Company

3120 Seasons Way #301

Address

Estero FL 33928

City/ State and Zip Code Final address: (to be used for future annual report notification) For further information concerning this matter, please call: Stefan Meyer at (239) 229 - 4279

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 & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to
Articles of Incorporation

Activities of fution
Iron City Installations Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
1030000 50950
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
The new
"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;
new registered agent author the new registered office authress.
Name of New Registered Agent
(Florida speet address)
11 101 that street that tessy
New Registered Office Address:, Florida
(City) (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	<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) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		- - /	
Add			
Remove			
51 Change			
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Remove			
6) Change			
Add			
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an amendment proprovisions for impler (if not applicable	nenting the amend	nge, reclassification ment if not conta	on, or cancellation ined in the amend	of issued shares, ment itself:	
				_ .	
			_ <u>_</u>		

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The date of each amendment(s) add date this document was signed.	option:		, if other than the
Effective date if applicable:			
	(no more than	90 days after amendment file	date)
Note: If the date inserted in this blo document's effective date on the Dep		icable statutory filing require	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The icient for approval.	ne number of votes cast for th	e amendment(s)
☐ The amendment(s) was/were appr must be separately provided for e			
"The number of votes cast for		· •	
by	(voting group)		
	(voting group)		
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of director.	s without shareholder action	and shareholder
	6/7/17 w W actor, president or other off	hout shareholder action and shout shareholder action and side icer – if directors or officers the hands of a receiver, trusted	nave not been
	d fiduciary by that fiduciary	·)	
-	Novin M	name of person signing)	
	The state of the s	. -	

(Title of person signing)