

PO3 DDD 58664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

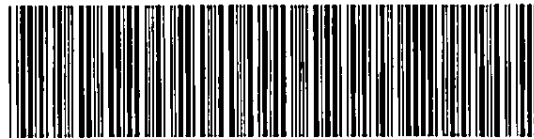
(Document Number)

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18 AUG -9 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 09 2018  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2018

SHAWN STEWART  
IRIETEK CORPORATION  
6919 W BROWARD BLVD #268  
PLANTATION, FL 33317

SUBJECT: IRIETEK CORPORATION  
Ref. Number: P03000058664

We have received your document for IRIETEK CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 418A0001482

RECEIVED  
18 AUG -9 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: IRIETEK CORPORATION

DOCUMENT NUMBER: P03000058664

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

Please return all correspondence concerning this matter to the following:

Shawn Stewart

\_\_\_\_\_  
Name of Contact Person

Irietek Corporation

\_\_\_\_\_  
Firm/ Company

6919 W Broward Blvd, #268

\_\_\_\_\_  
Address

Plantation, FL 33317

\_\_\_\_\_  
City/ State and Zip Code

sunbiz@irietek.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Stewart

at ( 305 )

989-6987

\_\_\_\_\_  
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

IRIETEK CORPORATION

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

P03000058664

(Document Number of Corporation (if known))

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**)

N/A

N/A

N/A

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

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

N/A

N/A

**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 N/A

N/A

(Florida street address)

New Registered Office Address: N/A, Florida N/A

(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

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TALLAHASSEE, FLORIDA

**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<br>(Check One) | Title         | Name                         | Address                          |
|-------------------------------|---------------|------------------------------|----------------------------------|
| 1) <u>X</u> Change            | <u>PT</u>     | <u>Shawn Stewart</u>         | <u>2454 SW 30 Terrace</u>        |
| <u>      </u> Add             |               |                              |                                  |
| <u>      </u> Remove          |               |                              | <u>Fort Lauderdale, FL 33312</u> |
| 2) <u>X</u> Change            | <u>SV</u>     | <u>Sagine Ferrus-Stewart</u> | <u>2454 SW 30 Terrace</u>        |
| <u>      </u> Add             |               |                              |                                  |
| <u>      </u> Remove          |               |                              | <u>Fort Lauderdale, FL 33312</u> |
| 3 ) <u>      </u> Change      | <u>      </u> | <u>      </u>                | <u>      </u>                    |
| <u>      </u> Add             |               |                              |                                  |
| <u>      </u> Remove          |               |                              |                                  |
| 4) <u>      </u> Change       | <u>      </u> | <u>      </u>                | <u>      </u>                    |
| <u>      </u> Add             |               |                              |                                  |
| <u>      </u> Remove          |               |                              |                                  |
| 5) <u>      </u> Change       | <u>      </u> | <u>      </u>                | <u>      </u>                    |
| <u>      </u> Add             |               |                              |                                  |
| <u>      </u> Remove          |               |                              |                                  |
| 6) <u>      </u> Change       | <u>      </u> | <u>      </u>                | <u>      </u>                    |
| <u>      </u> Add             |               |                              |                                  |
| <u>      </u> Remove          |               |                              |                                  |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

N/A

7/11/2018

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

7/11/2018

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 date will not be listed as the document's effective date on the Department of State's records.

**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 \_\_\_\_\_

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)

Shawn Stewart

(Typed or printed name of person signing)

Vice President

(Title of person signing)