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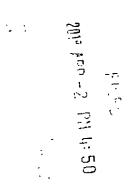
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C. GOLDEN APR - 3 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: EAGLE REALTY	WEST COAST, INC.	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
,	MARCIA GANNON		
-		Name of Contact Person	1
-		Firm/ Company	
1	312 PARTRIDGE CLOSE		
-		Address	
1	POMPANO BEACH, FL 330	064	
-		City/ State and Zip Cod-	e
GANN	ON.MARCIA@GMAIL.CO	DM .	
	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARCIA GANNON		954 at (868-0166
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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		Ameno	Address Iment Section on of Corporations
P.O.	Box 6327 hassee, FL 32314		Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2018 AFT -2 PH 4: 50

EAGLE REALTY WEST COAST, INC.

(Name o	of Corporation as currentl	y filed with the Florid	la Dept. of State)	, ,
P05000019174			29	
	(Document Number o	f Corporation (if know	1)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpord	ution adopts the following am	endment(s) to
A. If amending name, enter the new na	ime of the corporation:			
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional of	incorporated" or the abbre	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	<u>if applicable:</u> TREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1312 PARTRIDGE POMPANO BEAC		
D. If amending the registered agent an new registered agent and/or the nev			be name of the	
Name of New Registered Agent	NUBIA DE OLIVEIRA			
	3500 BLUE LAKE DR AI	PT 305		
	(Florida str	eet address)		
New Registered Office Address;	PÓMPANO BEACH		, Florida	
		(City)	(Zip Code))
New Registered Office Address: New Registered Agent's Signature, if cl I hereby accept the appointment as regist	(Florida str POMPANO BEACH hanging Registered Agent	ect address) (City)	, ,	,

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.

X Change	<u>PT</u> <u>Joh</u>	n Dog	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSVT	MARCIA GANNON	1312 PARTRIDGE CLOSE
Add			POMPANO BEACH, FL 33064
X Remove			
2) X Change	PSVT	NUBIA DE OLIVEIRA	3500 BLUE LAKE DR APT 305
Add			POMPANO BEACH, FL 33064
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
,	
7111	
f an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
provisions for implementing the umor	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	3/27/2018	if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
(n	io more than 90 days after amenda	nent file date)
Note: If the date inserted in this block does not n document's effective date on the Department of Stat		requirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appr		st for the amendment(s)
☐ The amendment(s) was/were approved by the shimust be separately provided for each voting gro	archolders through voting groups. oup entitled to vote separately on t	The following statement he amendment(s):
"The number of votes cast for the amendm	ient(s) was/were sufficient for appr	roval
by		
(voting	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder	r action and shareholder
☐ The amendment(s) was/were adopted by the inco- action was not required.		ion and shareholder
Dated	<u> </u>	
Signature	Uf-	
(By a director, presider	nt or other officer - if directors or	
selected, by an incorpq appointed fiduciary by	yrutor — if in the hands of a receive (that fiduciary)	r, trustee, or other court
1	Marcia Ganno	\sim
	ped or printed name of person sign	
	PSVT	
	(Title of person signing)	