03/14/2018 9:24 PM FAX 3/14/2018

## 1110000050060

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : I20070000037 : (954)532-3842 Fax Number : (954)532-3847

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*



## COR AMND/RESTATE/CORRECT OR O/D RESIGN FACING APPLIANCES, INC

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## COVER LETTER

TO: Amendment Sect Division of Corp					
NAME OF CORPO	RATION: FACING APPLIA	ANCES, INC			
DOCUMENT NUMBER: P11000050060					
	of Amendment and fee are s				
Please return all correspondence concerning this matter to the following:					
	Paulo Ofiveira				
		Name of Contact Perso	<u> </u>		
EAGLE TAX REPRESENTATION, CORP					
	CADE NUT TO DO A DOUBLE	Firm/ Company			
	5493 WILES ROAD STE 10				
		Address			
	COCONUT CREEK I'L 330	73			
		City/ State and Zip Cod	le		
paulo	(ii.cugle-tax.com				
E-mail address: (to be used for future annual report notification)					
		•	,		
For further information concerning this matter, please call:					
	<b></b> , , ,				
Paulo Oliveira, EA	•	954	532-3842		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Starus Certified Copy (Additional Copy is enclosed)		
Amer Divis	ing Address adment Section ion of Corporations Box 6327	Amend Divisio	Address ment Section of Corporations		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

4/2018 9:25 PM FAX	<b>@ 0</b> 005
If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
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·	
If an amendment provides for an exchange, reclassification, or cancellation of issu	ed shares,
provisions for implementing the amendment if not contained in the amendment it (if not applicable, indicate N/A)	<u>self:</u>
A	
	·- <del></del>

03-14-2018	
The date of each amendment(s) adoption:	, if other than the
03-14-2018	
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 we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the a nendment(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.	
03-14-2018	
Dated	
Signature / 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<del></del>
selected, by an incorporator — if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
RANIERI SALES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	