PIOODOTICIS

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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R. WHITE SEP 17 2018 ZUIN SEP 13 PM 1:45
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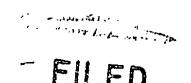
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TRIPLE EAGLE	GROUP INC			
DOCUMENT NUM	BER: P11000089975				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	KAREN LEVERITT				
		Name of Contact Persor	1		
	LEVERITT & ASSOCIATES PA				
		Firm/ Company			
	1611 W C 48				
	Address				
	BUSHNELL, FL 33513 City/ State and Zip Code				
0114	0404410000004	City) Gilite and 2.1p Cour	•		
CH1	019MH@YAHOO.COM	sed for future annual report	natification		
	E man address, (to be a	sed for future united report	notification)		
For further information	on concerning this matter, pleas	se call:			
MICHAEL HART		352	573-8203		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a cheek fe	or the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
L An Div	iling Address endment Section vision of Corporations b: Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle issee, FL 32301		

CAS CAS

Articles of Amendment to Articles of Incorporation of



TRIPLE EAGLE GROUP INC

(Name of Corner	ation as current)	y filed with the Florida De	PH 1: 45
P11000089975			
(Doc	ument Number o	f Corporation (if known)	SECRETABY OF STATE
Pursuant to the provisions of section 607,1006, Flor ts Articles of Incorporation;	ida Statutes, this	Florida Profit Corporation	
A. If amending name, enter the new name of the	corporation:		
N/A			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	orp, " " $Inc,$ " or "	'Co". A professional corpe	porated" or the abbreviation
		N/A	
 Enter new principal office address, if applical Principal office address <u>MUST BE A STREET AI</u> 		<u></u>	
C. Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE I	<u>ΒΟΧ</u>)		
•			
 If amending the registered agent and/or registered agent and/or the new registered. 			ame of the
MICHAE		<u></u>	
Name of New Registered Agent	۸۵۱ - ۲۸۱۱ ۵ -	ND	
31200 E.	AGLE FALLS C	vet address)	
BROOKS	,	eer anaress)	34602
New Registered Office Address:		(Crtv)	, Florida
		(City)	(ε.η/ Cone)
lew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent			ons of the position.
m	l I Ja	A	
Si	unature of New I	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

X Change	PT	John Doc	
X Remove	\underline{V}	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	VP	GARY W SPAULDING	4385 CR 317B
X Add			BUSHNELL, FL 33513
Remove			
2) X Change	PT	MICHAEL HART	31200 EAGLE FALLS DR
Add			BUSHNELL, FL 33513
Remove			
3) X Change	S	NICOLAS COZZO	27745 QUAIL VIEW LANE
Add			WESLEY CHAPEL, FL 33544
Remove			·
4) Change	VP	MARGARET COZZO	27745 QUAIL VIEW LANE
Add			WESLEY CHAPEL, FL 33544
X Remove			
5) Change			
			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed. 09/10 Effective date if applicable:	/18	
Effective date if appreciance.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ock does not meet the applicable statutory filing requirements, turnment of State's records.	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 number of votes cast for the amend icient for approval.	ment(s)
	oved by the shareholders through voting groups. The following s ach voting group entitled to vote separately on the amendment(s	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shar	reholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and sharehol	der
09/10/18		
Dated	nl) Lat	
selected.	ector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	
N	IICHAEL HART	
_	(Typed or printed name of person signing)	
Р	RESIDENT/TREASURER	
	(Title of person signing)	·