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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: RPA MPACT PRODUCTS, NC			
DOCUMENT NUMBER: P12000029764			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person RPA IMPACT PRODUCTS, INC Firm/Company 425 INDUSTRIAL STREET, #6 Address LAKE WORTH FL 33461 City/ State and Zip Code RPALUMINUM @ BELLSOUTH, NET E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JEFF SULLIVAN at (561) 588-2520 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee FL 323142661 Executive Center Girele			

Tallahassee, FL 32301

Articles of Amendment to

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Artic	cles of Incorporation	$W_{Q/2}$
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RPA IMPACT PRODUC		1//
(Name of Corporation as currently filed v		
1/200002971	V	
(Document Number of Corp	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amend	ment(s
A. If amending name, enter the new name of the corpor	ration:	
N/A	The r	ıew
name must be distinguishable and contain the word "c" ("Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviat Inc," or "Co". A professional corporation name must contain	ion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	425 INDUSTRIAL STREET, # LAKE WORTH, FL 33461	حا
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter the name of the	
Name of New Registered Agent		
((Florida street address)	
New Registered Office Address:	, Florida	
New Registered Office Hauress.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position.	
Signature of New Re	egistered 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	n <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	YTD	STEPHENP MCGUIRK	613 SLAKESIDE DR
X Add			LAKE WORTH, FL 33A60
Remove			
2) Change Add	<u>P5D</u>	JEFFREY SULLIVAN	12274 SANNENWOOD LANE WELLINGTON, FL 33414
Remove			,
3) Change			
Add			
Remove			
4) Change			
Add Remove			
Kemove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

amendment provides for an exchange, reclassification, or can islons for implementing the amendment if not contained in the (if not applicable, indicate N/A) N/A	905662	
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N/A	amenament itseii:	
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The date of each amendment(s) adop	ption: 10/1/17
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required. The amendment(s) was/were adopted	ed by the board of directors without shareholder action and shareholder ed by the incorporators without shareholder action and shareholder
action was not required.	
Dated	10/1/12
Signature /	pe f. m. L.
·	ctor, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
appointed	I fiduciary by that fiduciary)
_	STEPHEN P. MªGUIRK
	(Typed or printed name of person signing)
	VTD
	(Title of person signing)