## 3000045483

| (Re                     | equestor's Name)   |                 |
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| (Ad                     | dress)             |                 |
| (Cit                    | ty/State/Zip/Phone | <del>;</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | siness Entity Nan  | ne)             |
| (Document Number)       |                    |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| •                                      |   |  |  |  |  |
|--|---|--|--|--|--|
| NAME OF CORPO                          | RATION: Rugged Inc                          | dustries Inc   |  |  |  |
|  | BER: P1300004568                            | 3  |  |  |  |
| DOCUMENT NUM                           | BER: 1 1000001000                           |  | <del></del>  |  |  |
| The enclosed Articles                  | s of Amendment and fee are su               | bmitted for filing.  |  |  |  |
| Please return all corre                | espondence concerning this ma               | tter to the following:   |  |  |  |
|  | Nicholas Boyd                               |  |  |  |  |
|  |   | Name of Contact Person   | n  |  |  |
|  | Ragain Financial                            | Inc  |  |  |  |
|  |   | Firm/ Company  |  |  |  |
|  | 28100 Bonita Grande Dr. Suite 103           |  |  |  |  |
|  |   | Address  |  |  |  |
|  | Bonita Springs, F                           | L 34135  |  |  |  |
|  |   | City/ State and Zip Cod  | e  |  |  |
|  |   |  |  |  |  |
|  | E mail addrage: (to be us                   | sed for future annual report                                       | notification)  |  |  |
|  | L-man address. (to be de                    | sed for ructure armital report                                     | notification)  |  |  |
| For further information                | on concerning this matter, pleas            | se call:   |  |  |  |
| Nicholas Boyd                          |   | at (239  | , 948-0314   |  |  |
| Name                                   | of Contact Person                           |  | de & Daytime Telephone Number  |  |  |
| Enclosed is a check f                  | or the following amount made                | payable to the Florida Depa  | artment 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) |  |  |
| <u>Ma</u>                              | ailing Address                              | Street   | Address  |  |  |
| Amendment Section                      |   | Amendment Section  |  |  |  |
| Division of Corporations P.O. Box 6327 |   | Division of Corporations Clifton Building                          |  |  |  |
| Tallahassee, FL 32314                  |   | 2661 Executive Center Circle                                       |  |  |  |
|  |   | Tallahassee, FL 32301  |  |  |  |

## Articles of Amendment to Articles of Incorporation of

| Rugged industries inc   |   |
|---|---|
| (Name of Corporation as currently filed with the Fl   | orida Dept. of State)   |
| P13000045683  |   |
| (Document Number of Corporation (if   | known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this $I$ its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |   |
|   | The new   |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "i | Co". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |   |
|   | 4 SEP 30 PH 3: 44   |
| C. Enter new mailing address, if applicable:  |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   |   |
|   |   |
|   |   |
| D. If amending the registered agent and/or registered office addr<br>new registered agent and/or the new registered office address:   | ess in Florida, enter the name of the                           |
| Name of New Registered Agent  |   |
|   |   |
| (Florida stre   | et address)   |
| New Registered Office Address:  | , Florida   |
| (City)  | (Zip Code)  |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent:   |   |
| I hereby accept the appointment as registered agent. I am familiar w  | ith and accept the obligations of the position.                 |
| Signature of New Registered A   | Land of the second  |
| Ngnature of New Registered A  | veni. II chanviny   |

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             | <u>PT</u> | John Doe     |                        |
|-------------------------------|-----------|--------------|------------------------|
|                               |           |              |                        |
| X Remove                      | <u>v</u>  | Mike Jones   |                        |
| X Add                         | <u>sv</u> | Sally Smith  |                        |
| Type of Action<br>(Check One) | Title     | Name         | <u>Addres</u> s        |
| 1) Change                     | V         | Jake Cambria | 200 Edgemere Way South |
| Add                           |           |              | Naples, FL 34105       |
| Remove                        |           |              |                        |
| 2) Change                     |           |              |                        |
| Add                           |           |              |                        |
| Remove                        |           |              | ***                    |
| 3) Change                     |           |              |                        |
| Add                           |           |              |                        |
| Remove                        |           |              |                        |
| 4) Change                     |           |              |                        |
| Add                           |           |              |                        |
| Remove                        |           |              |                        |
| 5) Change                     |           |              |                        |
| Add                           |           |              |                        |
| Remove                        |           |              | -                      |
| 6) Change                     |           |              |                        |
| Add                           |           |              |                        |
| Remove                        |           |              |                        |

| Attach additional sheets, if necessary).      | icles, enter change(s) here:<br>(Be specific)   |
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| lf an amendment proyid <u>es for an exc</u> h | hange, reclassification, or cancellation of issued shares,  |
| provisions for implementing the ame           | ndment if not contained in the amendment itself:  |
| (if not applicable, indicate N/A)             |   |
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| The date of each amendment(s) adoption:  | , if other than the |
|--|---------------------|
| Effective date if applicable:  |                     |
| (no more than 90 days after amendment file date)   | <del></del>         |
| 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 9.26.14  |                     |
| 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)   |                     |
| John Shields   |                     |
| (Typed or printed name of person signing)  |                     |
| President  |                     |
| (Title of person signing)  |                     |