

PS000040632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

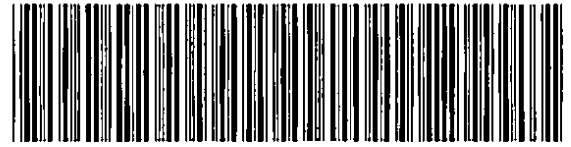
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019
AUG 12 PM 3:51

Amend/cc

AUG 12 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EAGENT DIRECT, INC.

DOCUMENT NUMBER: P15000040632

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM EL AWANY

Name of Contact Person

EAGENT DIRECT, INC.

Firm/ Company

1001 W CYPRESS CREEK RD #105

Address

FT LAUDERDALE, FL 33309

City/ State and Zip Code

adam.awany@eagentdirect.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM EL AWANY at (305) 709-7447
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|--|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2019

ADAM EL AWANY
1001 W. CYPRESS CREEK RD #105
FT. LAUDERDALE, FL 33309

SUBJECT: EAGENT DIRECT, INC.
Ref. Number: P15000040632

We have received your document for EAGENT DIRECT, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

UPDATED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00014794

RECEIVED

2019 AUG -2 PM 1:42

Articles of Amendment
to
Articles of Incorporation
of

EAGENT DIRECT, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

PI5000040632

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

NA

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1001 W CYPRESS CREEK RD #105

FT LAUDERDALE, FL 33309

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent NA

(Florida street 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 with and accept the obligations of the position.

Signature of New 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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|---|--------------|-----------------------------------|------------------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>EL AWANY, ADAM</u> | <u>725 SW 23RD ROAD</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FL 33129</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>S</u> | <u>GIL GONZALEZ, NATHALIA MAI</u> | <u>1001 W CYPRESS CREEK RD</u> |
| <input type="checkbox"/> Add | | | <u>SUITE 105</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>FT LAUDERDALE, FL 33309</u> |
| 3) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>EL AWANY, ADAM</u> | <u>1001 W CYPRESS CREEK RD</u> |
| <input type="checkbox"/> Add | | | <u>SUITE 105</u> |
| <input type="checkbox"/> Remove | | | <u>FT LAUDERDALE, FL 33309</u> |
| 4) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>JAXTHEIMER, EVAN</u> | <u>1001 W CYPRESS CREEK RD #10</u> |
| <input type="checkbox"/> Add | | | <u>SUITE 105</u> |
| <input type="checkbox"/> Remove | | | <u>FT LAUDERDALE, FL 33309</u> |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

NA

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)

100 SHARE

1/3 CHARLES DONISI

1/3 EVAN JAXTHEIMER

1/3 ADAM EL AWANY

07/09/2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

07/09/2019

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 will not be listed as the document's effective date on the Department of State's records.

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.

07/09/2019

Dated _____

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)

CHARLES DONISI

Charles Donisi
(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)