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COVER LETTER

Division of Corpo	prations	•	
NAME OF CORPOR	RATION: Eagle Insu	clation Dist.	ributors Supply, Inc
DOCUMENT NUME	BER: <i>PISOU</i>	000 42839	7
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Har	Name of Contact Perso	<u>7</u>
	2200 N	Firm/Company	Suite 101
	Ji	Address Ollywood City State and Zin Cod	Suite 101 1. FL 33020
	harry ja	hfgnow. C	om v
For further information	a concerning this matter, please	call:	
Harry L	atton	at (954	ode & Daytime Telephone Number
✓ Name of the last of the	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	ayable 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)

Mailing Address

TO: Amendment Section

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

Articles of Amendment to

Articles of th	, °
Fante Inculation Dic	tributors Supply Inc
(Name of Corporation as current	tly filed with the Florida Dept. of State
P1500	0042837
7,0	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
1007	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation B. Enter new principal office address, if applicable:	"Co". A professional corporation name must contain the
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 101, Kollywood Fl. 33020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	suite 101, Hollywood
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	aston 19th Are Suite 101 (reel address)
New Registered Office Address: Holly WE	DOO , Florida 13010 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signulare of Ivew	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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	Harry Catton	Suite 101, Hollywood
Add			
Remove			H, 13020
2) Change	P	Jacob Kevelson	2750 N 28th Ave
Add			Suite 126 Hollywood
Remove			FL, 31020
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional si	heets, if necessary).	(Be specific)	NH			
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f an amendment p	provides for an exclude plementing the amo	hange, reclassifi	cation, or cancells	ation of issued sha	res,	
(if not applica	piementing the ame able, indicate N/A)	enament II not co	ontained in the ar	nenament itseit:		
	,			MAL		
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				- · · -		
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The date of each amendment(s) adoption: date this document was signed.	07/08/2019	, if other than the
Effective date <u>if applicable</u> :	07/08/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the americal approval.	ndment(s)
	the shareholders through voting groups. The following ing group entitled to vote separately on the amendment	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were adopted by taction was not required.	the board of directors without shareholder action and sha	areholder
action was not required.	the incorporators without shareholder action and shareholder	older
Dated	28/2019 Luto	
selected, by an i	recident or other officer – if directors or officers have no incorporator – if in the hands of a receiver, trustee, or ot	
appointed fiduci	iary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Presiden	
	(Title of person signing)	