P16600053524

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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Anchor DOCUMENT NUMBER: P/6000	rage Installations Inc
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Alexano	Name of Contact Person Name Of Company
2	1650 NW 1ST AVE #9
BOGA	Ratan FL 33431
	City/ State and Zip Code
KuffB	City/ State and Zip Code UODY 308 O AOL, COM
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	a calls
4	
Alexander JOHNSON	at (561) 705 - 8185
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department 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 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 o	f Inco	rporation
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- Anchorage Installations Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P16000052524 (Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(sits Articles of Incorporation:) to
A. If amending name, enter the new name of the corporation:	
ANCHUR INSTAllations INCThe 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)	
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
Florida street fidaress) New Registered Office Address:	
(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.	

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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		/	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			~
4) Change			
Add			
Remove			
5) Change		_ /	
Add			
Remove			
6) Change			
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	dditional Articles, if necessary). (Be				
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			V		
	 				
					
					
an amendment provid	es for an exchange	e, reclassificati	on, or cancellation	of issued share	<u>s,</u>
n amendment provid rovisions for implemen (if not applicable, in	nting the amendmendicate N/A)	ent if not conta	ined in the ameno	lment itself:	
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date this document was signed.	i:, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will not be listed as tent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement of one of the shareholders through vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted be action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated	0/12/16
Signaturei	Grander Iman
	president or other officer – if directors or officers have not been
	n incorporator — if in the hands of a receiver, trustee, or other court inciary by that fiduciary)
···	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)