P17000053291

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COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR			on Group, Inc.
DOCUMENT NUMB	ER:P170	000 53291	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	ROBERT		
		Name of Contact Perso	
-	RELIABLE !	Firm/ Company	GROUP, INC
	A	Firm/ Company	.
-	2501 WA	LDEN WOODS L	Dr #4058
	PLANT C	IN FL 3	3563-4058
-	<u> </u>	City/ State and Zip Cod	e
	1	. 1 11 1.	
_ac	E-mail address: (to be us	einstallation a	roupicom
	n-mail address: (to be us	sed for future annual report	motrication)
For further information	concerning this matter, pleas	se call:	
Robert	Ross	at (813) 716 - 9565 ode & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	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		Street	Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

KELIABLE	NSTALLATION	GROUP, IN	اد .	D Sign
(,	Name of Corporation as co	urrently filed with the Flo	orida Dept. of State)	6 0
P17 (0000 5329	1		6
-	(Document Nu	mber of Corporation (if kn	lown)	至:
Pursuant to the provisions of sections Articles of Incorporation:	on 607.1006, Florida Statuto	es, this <i>Florida Profit Cor</i>	poration adopts the follow	ving amendment(
A. If amending name, enter the	new name of the corporat	ion:		
NA				The new
name must be distinguishable as "Corp." "Inc.," or Co.," or the word "chartered," "professional as B. Enter new principal office ac	designation "Corp," "Inc association," or the abbrev	," or "Co". A profession		
(Principal office address MUST)) — 1 • / • • • • • • • • • • • • • • • • • 	 ·	
 C. Enter new mailing address, (Mailing address MAY BE A) D. If amending the registered as new registered agent and/or 	<u>POST OFFICE BOX)</u> gent and/or registered offi	PLANT	NSTAUATION (X 4058 City, FL 2 ter the name of the	
Name of New Registered	Agent N/A			_
	(Fle	vrida street address)		_
New Registered Office Ac	Idress: HA		, Florida	
	•	(City)	(Z	lip Code)
New Registered Agent's Signatu I hereby accept the appointment a	s registered agent 1 am fa			n.
	Signature of	l 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 Doc 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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>VP</u>	DEREK SNOW	223 S. WEBB RO.
Add Remove			PLANT CITY, FL 3356
2) Change Add	<u>P</u>	ROBERT R. Ross	2913 Chelsea Woods Dr Valneo, FL 33596
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
N/A				
				
				
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or ndment if not contained	r cancellation of issue in the amendment its	<u>d shares,</u> <u>elf:</u>	
NA				
				_
				
		_ 		

The date of each amendment(s) adoption:	_, if other than th
Effective date if applicable: July 1, 2017 (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 document's effective date on the Department of State's records.	not be listed as th
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 AUGUST 1, 2017 Signature Polit PR	
(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)	_
Robert R. Ross	
(Typed or printed name of person signing)	_
PEGISTERED AGENT	
(Title of person signing)	