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COVER LETTER

Division of Corporations RECIABLE INSTALLATION GROUP, INC NAME OF CORPORATION: P17000053291 DOCUMENT NUMBER:] The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JEFFREY A. REAUME, JR. REHABLE INSTALLATION GROUP, INC 5105 CALHOUN Ro. PLANT CITY, FL 33567
City/ State and Zip Code admin @ reliableinstallation group.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JEFFREY A. REAUME, JR at (813) 817-8909

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: S35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Incorporation of

FILED

RELIABLE INSTALLATION GO	filed with the Florida Dept. of State).
	filed with the Florida Dept. of State)
P170000 53291	TALLAHAR OF STATE
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
HA	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 "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	RELIABLE INSTALLATION GROUP, INC
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	5105 CALHOUN RO
	PLANT CIN, FL 33567
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RELIABLE INSTALLATION GROUP, INC
	P.O. Box 4058
	PLANT CITY, FL 33563
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	, REALUE, JR
5105 CALHE	t address)
New Registered Office Address: PLANT CITY	Florida <u>33567</u>
(C	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Mother !	Q.
Signature of New Reg	gistered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Robert Ross	2913 Chelsea Woods Dr
Add			Valrico, FL 33596
X_Remove			
2) Change	P	JEFFREY A. REALLE, Ja	5105 CALHOUN RO
X _ Add			PLANT CITY, FL 3356
Remove		I	
3) Change		NA	
Add			
Remove			
4) Change		H/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

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f an amendment prov	vides for an evel	hango raclassific	ation or cancellat	ion of icenad chara	ĸ.
	nenting the ame	ndment if not co	ntained in the amo	ndment itself:	<u> </u>
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date this document was signed.	
Effective date if applicable: OCTOBER ZO18 (no more than 90 days after amendment file date)	
(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 dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(by the shareholders was/were sufficient for approval.	8)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	cnt
"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 by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(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 cou appointed fiduciary by that fiduciary)	
SEFFREY ZEAUME (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	