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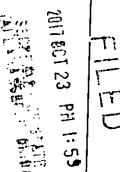
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OCT 2 5 2017

COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORP	ORATION: SR 7 Inc.			_
OCUMENT NUI	D17000076450			_
he enclosed A rticl	es of Amendment and fee are su	bmitted for filing.		,
lease return all cor	respondence concerning this ma	tter to the following:		
	Linda Ferrara, VP			
		Name of Contact Person	n	
	SR 7 Inc.			
		Firm/ Company		
	10545 Grove Lane			
		Address	 	
	Cooper City, FL 33328			
		City/ State and Zip Cod	<u></u> _	
		City Clate and Esp Cod	•	
lint	ferrara39@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
or further informat	ion concerning this matter, pleas	se call:		
inda Ferrara		at (<u>305</u>	772.7229	'
Name of Contact Person		Area Co	de & Daytime Telephone N	umber
nclosed is a check	for the following amount made	payable 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		Street	Address	
Ā	mendment Section	Amendment Section		
D	1.1.1.1	Division of Corporations Clifton Building		
	ivision of Corporations O. Box 6327		•	

Tallahassee, FL 32301

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	and/or D if necess rector title resident = Chief F r, Directo in the follows the co	irector be ary) e by the fi ; T= Trea Financial or would h llowing m orporation	eing added: Irst letter of the office title; Issurer; S= Secretary; D= Director; TR= Tr Officer. If an officer/director holds more to the PTD, anner. Currently John Doe is listed as the R In, Sally Smith is named the V and S. These s	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P	_	A J Ferrara	10545 Grove Lane
Add				
Remove				Cooper City, FL 33328
2) X Change	P	_	Alfred John Ferrara	10545 Grove Lane
Add				
Remove				Cooper City, FL 33328/
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				1
5) Change				
Add			 -	
Remove				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	ì
October 14, 2017 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 wildocument's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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"	1
(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.	
October 14, 2017	
Signature Leven	
(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)	
Linda Ferrara	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	

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