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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DG EAGLI	E SERVICES, CORP
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
DANTE GALASSI	
	Name of Contact Person
	Firm/ Company
1480 SW 65TH WAY	
BOCA RATON, FL 3	Address 33428
	City/ State and Zip Code
SONIA@GSTOLLEY.COM	•
E-mail address: (to be used for future annual report notification)
For further information concerning this matter	er, please call:
DANTE GALASSI	at (⁷⁸⁶) 683-3357
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing F Certificate of S	
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 of Incorporation of

DG EAGLE SERVICES, CORP

(Name of Corporation as curre	ntly filed with the Florida Dept. of Stat	<u>te</u>)
P17000101098		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nan	or the abbreviation me must contain the
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)		
		S 22
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the	ZO19 JUN SECKE IA TALLA
	<u>33.</u>	
Name of New Registered Agent		- T
		SSC PH III
(Florida :	street address)	
New Registered Office Address:	, Florida	(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager	**	
hereby accept the appointment as registered agent. I am familian	n. with and accept the obligations of the p	osition.
	, , , ,	
Ciana (N	Project of the second of the s	
Signature of 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, at 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 Chang 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	<u>v</u>	HARRISON DE OLIVEIRA ALVES	6250 SW 6TH ST		
X Add			MARGATE FL 33068-1709		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Changa					
6) Change					
Add					
Remove					

). (Be specific)			
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an amandmant				
an amendment provides for an ex- rovisions for implementing the am	cnange, reclassific	ation, or cancellat	ion of issued shares	•
(If and an It all the state of the state of	Tendinent it mot co	manica in the aim	nument usen.	
(if not applicable, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than t
date this document was signed.	
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 document's effective date on the Department of State's records.	will not be listed as the
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.	
06/11/2019 Dated	
Signature Darte Salom.	
(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)	
DANTE GALASSI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	