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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| . PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SUPREASE FIGURE

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COVER LETTER

| TO: Amendment Sect Division of Corp | | | | | |
|--|---|--|--|--|--|
| NAME OF CORPO | RATION: STATEWIDE AD | VISORS, INC. | | | |
| | BER: P18000017092 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | |
| | Esteban L. Suarez, Sr. | | | | |
| | | Name of Contact Person | 1 | | |
| | Statewide Advisors, Inc. | | | | |
| | | Firm/ Company | | | |
| | 8101 Southwest 72 Avenue, Suite 116W | | | | |
| | | Address | | | |
| | Miami, Florida 33143 | 15041040 | | | |
| | | City/ State and Zip Code | 3 | | |
| . • | 2000 | | | | |
| esieb. | an2625@icloud.com | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further information | n concerning this matter, pleas | se call; | | | |
| Esteban L. Suarez, Sr | | at (305 | 527 - 4910 | | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | ertment of State: | | |
| S35 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) | | |
| | ling Address | | Address | | |
| | endment Section | Amendment Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Center Circle | | | |
| | | | Taliahassee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of

| STATEWIDE ADVISORS, INC. | · · · · · · · · · · · · · · · · · · · | | |
|--|---------------------------------------|--|---|
| Name : | of Carporation as curren | tly filed with the Florida Dept. of S | <u>State</u>) |
| | (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this | s <i>Florida Profit Corporation</i> adopts | the following amendment(s) to |
| A. If amending name, enter the new ne | ame of the corporation: | | |
| N/A | | | The new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or | "Co". A professional corporation | d" or the abbreviation |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 8101 Southwest 72 Avenue | |
| | | Suite 116W | |
| | | Miami, Florida 33143 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 8101 Southwest 72 Avenue | |
| | | Suite 116W | |
| | | Miami, Florida 33143 | *************************************** |
| D. If amending the registered agent ar new registered agent and/or the ne | | | the |
| Name of New Registered Agent | N/A | | |
| | N/A | | |
| | (Florida s | treet address) | |
| New Registered Office Address: | N/A | , Flo | |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if c | | | the position. |
| | | | AHA HAR |
| | Signature of New | Registered Agent, if changing | 24 P P |

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 | Name | <u>Addres</u> s |
| 1) Change | | N/A | |
| Add | | | ************************************** |
| Remove | | | |
| 2) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 3) Change | | N/A | - 1984A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| Add | | | |
| Remove | | | |
| 4) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 5) Change | * | N/A | |
| Add | | | ** · · · · · · · · · · · · · · · · · · |
| Remove | | | RANGE WAS STORED TO THE STORE OF THE STORE O |
| 6) Change | | N/A | |
| Add | | | |
| Damassa | | | |

| E. <u>If ame</u> (Attach | nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific) |
|-----------------------------|---|
| N/A | |
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| provi | mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A) |
| | |
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| | |

| The date of each amendment(s) adoption:, if other t date this document was signed. | han the |
|--|----------|
| Effective date if applicable: (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 date will not be listed document's effective date on the Department of State's records. | i 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) | |
| (voling 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. | |
| March 20, 2018 Dated | |
| Signature & Que no | |
| (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) | |
| Esteban L. Suarez, Sr. | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |