Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN RED EAGLE HOME IMPROVEMENT INC

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C. GOLDEN

AUG 2 8 2018

TO: Amendment Section

COVER LETTER

Division of Corporations RED EAGLE HOME IMPROVEMENT INC NAME OF CORPORATION: P18000034701 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **FONTES RODRIGUES, JOAO** Name of Contact Person RED EAGLE HOME IMPROVEMENT INC Firm/ Company 8210 SOLANO BAY LOOP 911 TAMPA, FL 33635 Address TAMPA, FL 33635 City/ State and Zip Code 3 jfontes/j@gmail.com E-mail address: (to be used for future armual report notification) For further information concerning this matter, please call; FONTES RODRIGUES, JOAO 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 ☐\$43.75 Filing Fee & □\$43.75 Filing Fcc & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is: Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, Fl. 32301

FILED

Articles of Amendment | to Articles of Incorporation | of

2018 AUG 27 AM 9: 09

RED EAGLE HOME IMPROVEMENT INC		SECRETARY OF STATE
(Name of Corporation as corrently	filed with the Florida	
P18000034701	1	,
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this Flits Articles of Incorporation:	lorida Proj _i t Corporat	on adopts the following amendment(s) to
A Ifomouding our unto the name of the control of	:	
A. If amending name, enter the new name of the corporation:	-1	
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 co	The new corporated" or the abbreviation reporation name 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: (Muiling address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	x in Floridg, egter th	e name of the
	i i	
Name of New Registered Agent		
	<u> </u>	·••
(Florida street	(aduress)	
New Registered Office Address:	iry)	, Florida
TC .	uy)	(Zip Code)
	į	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wit	th and accept the oblig	ations of the position.
	•	
Signature of New Rev	istered Apont if there	in.

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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones	6			
X Add	<u>\$V</u>	Sally Smith				
Type of Action (Check One)	Title	Name	••	Address		
1) Change	0	Araujo De	Carvalho, Daniel	10868 SAKONNET RIVER DR		
Add			· · · · · · · · · · · · · · · · · · ·	APT 101		
Remove		•		TAMPA/FL 33615		
2) Change						
Add						
Remove				·		
3)Change		<u> </u>				
Add			;			
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4) Change			.			
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6) Change	_		. :			
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The date of each amendment(s) adoption:	, if other than the
Effective data if applicable	•
(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ()NE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	ing groups. The following statement arately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	one see the second of the seco
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shar action was not required.	reholder action and shareholder
08/27/2018 Dated	·
Signature (By a director, president or other officer – if d	·
selected, by an incorporator if in the hands	
appointed fiduciary by that fiduciary)	
JOAO FONTES RODRIGUES	
(Typed or printed name of	person signing)
PRESIDENT	
(Title at new a	n vianina)