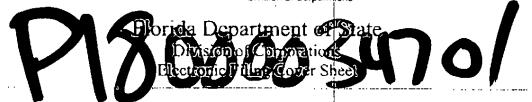
10/25/2019

Division of Corporations



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(((H19000316528 3)))



H190003165283ABC2

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ITAX GROUP, LLC Account Number : I20140000115 Phone : (813)882-8426

Fax Number : (813)884-0263

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

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	COVER LETTER
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: RED EAGLE HOME	IMPROVEMENT INC
DOCUMENT NUMBER: P18000034701	
The enclosed Articles of Amendment and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
JOAO FONTES RODRIGUES	
RED EAGLE HOME IMPROVE	Name of Contact Person EMENT INC
	Firm/ Company
8824 W WATERS AVE203 B	
TAMPA - FLORIDA - 33615	Address
	City/ State and Zip Code
reagleflooring@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please ex	nii:
JOAO FONTES RODRIGUES	at ( ) 710 8019
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pays	able to the Florida Department of State:
Certificate of Status	□\$52.50 Filing Fee  Certified Copy (Additional copy is chelosed)  □\$52.50 Filing Fee  Certified Copy (Additional Copy is enclosed)
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

Art	to icles of Incorporation		
	of		
RED EAGLE HOME IMPROVEMENT INC			
(Name of Corporation :	as currently filed with the Flori	da Dept. of State)	
P18000034701			
(Document	Number of Corporation (if know	n)	
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation;	atutes, this Florida Profit Corpor	ration adopts the following amendment(	s) to
A. If amending name, enter the new name of the corpo	oration:		
·····		The new	
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "charlered," "professional association," or the abl	"Inc," or "Co". A professional	'incorporated" or the abbreviation corporation name must contain the	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(333)</u>	9 20	
		A	
			÷.
C. Enter new mailing address, if applicable:		25	21
(Mailing address MAY BE A POST OFFICE BOX)		<u>G</u>	
			. ;
		9: 5	ا سمح اسمح
		9	
D. If amending the registered agent and/or registered	office address in Florida, enter	the name of the	
new registered agent and/or the new registered off		<del></del>	
Nume of New Registered Agent			
		<del></del>	
	(Florida street address)		
New Registered Office Address:	(Ciny	, Florida (Zip Code)	
	10.037	(Elp Cool)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		oligations of the position.	
Signatu	re of New Registered Agent, if ch	unging	

Address of each Officer (Attach additional sheet Pleuse note the officer/a P - President: V - Vlcc Executive Officer: CFO held, President, Treasur Changes should be note	c and/or I s, if neces, lirector tit e Presiden ) — Chief eer, Direct d in the fo wees the c	Director being added: sary) le by the first letter of the offic t; T = Treasurer; S = Secretal Financial Officer. If an offic or would be PTD. clowing manner. Currently J corporation, Sully Smith is na	ce title: cy; D= Director; TR= cer/director holds mor lohn Doe is listed as th	rer/director being removed and title, name, and  Trustee: C = Chairman or Clerk; CEO = Chief re than one title, list the first latter of each office the PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
X Change	РT	John Doc		
X Remove	<u>v</u>	Mike Jones		
_X	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	N <u>ame</u>		Address
1) Change	D	Diankys Echavarri	ia Castillo	6026 W Jean St
X Add				Tampa/Florida
Remove				33634
2) Change		<u> </u>		
∧dd				<del></del>
Remove				
3 ) Change		_	<u> </u>	
Add		•		
Remove				
4) Change				
Add				
Remove				
5)Change		<del>-</del>		
Add				
Remove				
6) Change				
^dd				
Remove				<u> </u>

10/25/2019 12:45PM FAX 813	884 0263	DDS TAX SERVICE	<b>2</b> 0008/0008
The date of each amendment(s) add date this document was signed.	10/25/201 option:	9	, if other than the
Effective date if applicable:			
	(no m	ore than 90 days after amendment file da	(e)
Note: If the date inserted in this blidecument's effective date on the Dep		the applicable statutory filing requirementations.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK C	ONE)	
The amendment(s) was/were adop by the shareholders was/were suf		olders. The number of votes east for the aid.	nendment(s)
		nolders through voting groups. The follow entitled to vote separately on the amendm	
"The number of votes cast f	for the amendment(	s) was/were sufficient for approval	
by	times		
:	(voiling gro	,,	
The amendment(s) was/were adoption was not required.	pted by the board o	of directors without shareholder action and	Shareholder
The amendment(s) was/were adoraction was not required.	pted by the incorpo	prators without shareholder action and sha	reholder
. 10/25/20 Dated	119		
Signature			
: (By a di	rector, president o	rother officer - if directors or officers have	re not been
	l, by an incorporate ed fiduciary by tha	or - if in the hands of a receiver, trustee, of fiduciary)	r other court
	JOAO FONTES R	ODRIGUES	
	(Typed	or printed name of person signing)	· <u></u>
:	PRISIDENT	entr	
	1	(Title of person signing)	<del></del>