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To:

Division of Corporations

1 (850)%47-6386 East, Number

Prom:

Account Maine : DANTEL BENGIO CPA 9A

Account Mumber : 1201200900003 : (954)621-2221 Phone Fax Number : (866)843-2497

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: *

COR AMNO/RESTATE/CORRECT OR/O/D RESIGN ATTIC CRAWLERS SERVICES, INC.

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10/18/2018, 2:03 PM

COVER LETTER

| TO: Amendment Sect Division of Corp | | | |
|--|--|--|---|
| NAME OF CORPO | RATION: ATTIC CRAWLE | RS SERVICES, INC | |
| DOCUMENT NUM | BER: P18000039950 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | ANAT YANIV | | |
| | | Name of Contact Person | n |
| | DANIEL BENGIO CPA PA | | |
| | | Firm/ Company | |
| | 6100 HOLLYWOOD BLVD | , , | |
| | | Address | |
| | HOLLYWOOD, FL 33024 | | |
| | | City/ State and Zip Cod | e |
| | | , , | |
| ANA | T@YANIV@GMAIL.COM | | |
| | E-mail address: (to be u | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| ANAT YANIV | | at (954 | 800-3806 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Depo | ortment 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) |
| Am Div P.O | eling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301 |

Articles of Amendment to Articles of Incorporation of

| ATTIC CRAWLERS SERVICES, INC. | | | | | |
|--|--------------------------------|---|--|--|--|
| (Name o | f Corporation as current | ly filed with the Florida Dept. of State) | | | |
| 18000039950 | | | | | |
| ., | (Document Number o | f Corporation (if known) | | | |
| ursuant to the provisions of section 607. S Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporation adopts the foll- | owing amendment(s) to | | |
| . If amending name, enter the new na | me of the corporation; | | | | |
| WE INSULATE IT, INC | | | The new | | |
| ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa | ation, "Corp.," "Inc." or " | | he abbreviation must contain the | | |
| Enter new principal office address, | if applicable: | 4737 SW 39TH WAY | | | |
| Principal office address <u>MUST BE A S</u> | IKEET ADDKESS). | DANIA BEACH, FL 33312 | | | |
| | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 4737 SW 39TH WAY | ACCE NO F | | |
| | | DANIA BEACH, FL 33312 | | | |
| | | | THE THE PARTY OF T | | |
|). If amonding the registered agent an | d/or registered office add | less in Florida, enter the name of the | FLO | | |
| new registered agent and/or the new | v registered office address | <u>s:</u> | - 종설 :: - | | |
| Name of New Registered Agent NOFAR HAZBANI | | | | | |
| | 4737 SW-39TH WAY | | | | |
| | (Flor)da si | reet address) | | | |
| | New Registered Office Address: | | じつ | | |
| New Registered Office Address: | DANIA BEACH | Florida 333 | 1_ | | |

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. Trusiee; 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 Doc is fisted 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 Do | <u>×c</u> | |
|-------------------------------|---------------------------------------|----------|-------------|---------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jo | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | Address |
| 1)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 5) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 6)Change | | | | |
| Add | · · · · · · · · · · · · · · · · · · · | _ | | |
| Remove | | | | |
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| tach <i>oddin</i> | onal sheets, ij | j necessary). | (Be speci | fic) | | | | | |
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| 10/16/2018 | |
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| (no more than 99 days after amendment file date) | |
| this block does not meet the applicable statutory filing requirements, this the Department of State's records | date will not be listed as the |
| (CHECK ONE) | |
| ere adopted by the shareholders. The number of votes east for the amendmen were sufficient for approval. | u(\$) |
| ere approved by the shareholders through voting groups: The following state ded for each voting group entitled to vote separately on the amendment(s): | men: |
| es cast for the amendment(s) was/were sufficient for approval | |
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| (votos: group) | |
| , ery | |
| ere adopted by the board of directors without shareholder action and shareholder | lder |
| ere adopted by the incorporators without shareholder action and shareholder | |
| 6/2018 | |
| nosfar har bevo | |
| By a director, president or other officer - if directors or officers have not bee | <u>n</u> |
| selected, by an incorporator - if in the hands of a receiver, trustee, or other ecappointed fiduciary by that tiduciary) | ourt: |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | ···· |
| | (no more than 99 days after amendment file date) this block does not meet the applicable statutory filing requirements, this the Department of State's records (CHECK ONE) cre adopted by the shareholders: The number of votes cast for the amendment were sufficient for approval. cre approved by the shareholders through voting groups: The following status that for each voting group entitled to vote separately on the amendment(s): est cast for the amendment(s) was/were sufficient for approval (voting group) ere adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder 6/2018 NOTAR HAZBANI (Typed or printed name of person signing) PRESIDENT |