PPACCOCC 323C

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SECRETARY OF STATE SALLAHASSEE, FLORIDA

JUL - 1 701:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Emergency Disaster Restration Inc.		
DOCUMENT NUMBER: <u>P19000003230</u>		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Christian Castellancs Name of Contact Person		
Errergency Disaster Restruction Firm/Company		
13520 SW 152 Street #772618 Address		
City/ State and Zip Code		
E-mail address: (to be used for future armual report notification)		
For further information concerning this matter, please call:		
Christian Castellanos at (780) 355-8411 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:		
\$35 Filing Fee		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of	, or p or m		
Eme	rgency Di	saster Res	ida Dept. of State)	10
(Name of Cor	ooration as currentl	y filed with the Flor	ida Dept. of State)	
P	19000003	3230		
(1	Document Number of	f Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corpo	ration adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	"Corp," "Inc," or "	Co". A professional		
B. Enter new principal office address, if appl				
(Principal office address <u>MUST BE A STREET</u>	<u>" ADDRESS</u>)			
		•		
				 ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>'E BOX</u>)		<u>/</u>	
		/		
 If amending the registered agent and/or renew registered agent and/or the new registered. 			the name of the	
Name of New Registered Agent				
·	2570 0	50 511	11 -7-7 0 + 1 C	
	352() SW (Florida stre	2 2 STYEE (# 772618;	7 20 -1
	MIR	·	<u>.</u>	3
New Registered Office Address:		(City)	, Florida	Dicoder Ti
		• •	(A)	5 7 Z
			<u> </u>	a e in
New Registered Agent's Signature, if changing			10. 10.	
I hereby accept the appointment as registered ag	ent. I am familiar w	with and accept the of	oligations of the position	් ජ <u>ූ</u> ා
			ija i	4 2
	Signature of New R	egistered Agent, if ch	anging	_

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	PT	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				
Add				/
Remove				
2) Change		.		
Add				
Remove				
3) Change				
Add				
Remove			/	SECRETA AHA
4) Change		- /		
Add				SEE O
Remove		/		Fish & C
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
(Attach daditional sheets, if necessary). (De specific)			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		=	FIRE
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ري اشم		
		.स. का का	
	1277	6 0.1	-
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	,		-
			-
			_

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 05022019	
(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 wi document's effective date on the Department of State's records.	II 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.	.
Dated 05 02.2019 (1)	E I
Signature	ED ED
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary) $\stackrel{\cong}{=} \stackrel{\triangleright}{=}$	₩2 ₩2
(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)	67
CIVISTIANOS W	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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