PZO 0000 86928

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: STRATTON EQU	IPMENT INC	
DOCUMENT NUM	1BER: P20000086928		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	JOSE BARTOL;OME		
	· 	Name of Contact Person	1
	STRATTON EQUIPMENT I	INC	
		Firm/ Company	
	3050 DYER BLVD STE 124		
		Address	
	KISSIMMEE FL 34741		
		City/ State and Zip Cod	2
	JOSEJBART@GMAHCON	1	
	•	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas		724-2918
Nam	e of Contact Person	Area Co) 724-2918 de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
P20000086928		
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the follow	ring amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation name must con-	ation "Corp.," tain the word
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
		· .*
		4)
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
		
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr 	ddress in Florida, enter the name of the ess:	()
Name of New Registered Agent		
(Florida	street address)	
(Florida New Registered Office Address:	, Florida	up Code)

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		LEONARDO SERRAPIGLIO SIRIG	6426 NW 104TH PATH
X Add		_		MEDLEY FL 33178
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Pamaya				

(Attach additional she	ets, if necessary).	(Be specific)	ge(s) here:			
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. If an amendment pro	avidas for an avab	ongo moduccifi	nation or contall	ation of issued she		
provisions for imple	ementing the ame:	ndment if not co	ontained in the a	mendment itself:	11 €3.	
(if not applicable	le, indicate N/A)					
					_	
			<u> </u>			
					<u> </u>	

The date of each amendment(s) a date this document was signed.	doption:	, if other than t
Effective date if applicable:		
Effective date it applicable.	tno more than 90 days after amendment file o	datei
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requires epartment of State's records.	ments, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes east for the ufficient for approval.	e amendment(s)
must be separately provided for	proved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amend	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated	Dit Lun	
(By a d	lirector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee ated fiduciary by that fiduciary)	ave not been , or other court
	JOSE BARTOLOME	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)