Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200002970613)))



H200002978813ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:				
	Division of Co Fax Number			
_				
From:	Account Name	· SHUTTS & BOWEN	LLP OPERATING ACOUNT	
		: 120030000037		7629
	Phone	: (561)835-8500		·=> · .
	Fax Number	: (561)650-8530		1 <u>\$</u>
				N
**Enter	the email addres	is for this busines ings. Enter only o	ss entity to be used fine email address plea	or future—
				-
Em	ail Address:	ejones@shutts.c	om	-5
				and the same and a second to be a second
	20D 43/00/D/D	ECTATE/CODD	ECT OD O/D DESI	~
(			ECT OR O/D RESI	GN >
(		ACK MIRRORS	& GLASS, INC.	GN > ∴e
(		ACK MIRRORS	& GLASS, INC.	GN >
(	CENTRA Certificate of	ACK MIRRORS f Status	& GLASS, INC.	GN > ∴e
(	CENTRA Certificate of Certified Cop	ACK MIRRORS f Status	& GLASS, INC.	GN > ∴e
(	CENTRA Certificate of Certified Cop Page Count	f Status	& GLASS, INC.  0 0 0 05	GN > 9 8 2
	CENTRA Certificate of Certified Cop	f Status	& GLASS, INC.	GN > 9 8 2
(	CENTRA Certificate of Certified Cop Page Count	f Status	& GLASS, INC.  0 0 0 05	GN > ∴e

Electronic Filing Menu

Corporate Filing Menu

Help

This fax was received by GFI FaxMaker fax server, For more information, visit, http://www.gfi.com

H20000297061 3		COVER LETTER	
TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	ATION: Centrack Mirrors	& Glass, Inc.	
DOCUMENT NUMB	ER: P93000022720		
The enclosed Articles of	of Amendment and fee are si	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Jacqueline Centauro		
-		Name of Contact Person	1
-		Firm/ Company	
_	4735 NW 120th Way		
_		Address	
I	Coral Springs, FL 33076		
-		City/ State and Zip Code	:
j	centauro@aol.com		
-	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Jacqueline Centauro		ar ( 954	803-1805
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$33 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Cl\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Talinhassee, FL 32303

ALBERTAN COMP A PINCH CONTROL ATTO ATT AT SMI

H20000297061 3

This fax was received by GF! FaxMaker fax server. For more information, visit: http://www.gfi.com

H20000297061 3

Articles of Amendment to Articles of Incorporation

	of	n koration	
Centrack Mirrors & Glass, Inc.			
(Name	of Cornoration as currently	filed with the Florida Dept. of State)	
P93000022720			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Clorida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new n	ame of the curporation:		
name must he distinguishable and contain "Inc.," or Co.," or the designation "Chartered." "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbr professional corporation name must	The new reviution "Corp.," contain the word
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS )		
			.70
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			<u>~</u>
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address	ess in Florida, enter the name of the	> .1
<del></del> -	Jacqueline E. Centauro		الأر و.
Name of New Registered Agent	4735 NW 120th Way		<del></del>
	(Florida stree	et address)	
New Registered Office Address:	Coral Springs	, Florida	076
	Į.	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I um familiar wi	ith and accept the obligations of the pos	itton,
Janu	line E. Centamo Signature of New Res	Sistered Agent, if changing	_ <del>_</del>

Check if applicable

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

H20000297061 3

This fax was received by GFI FaxMaker fax server. For more information, visit: http://www.gli.com

## H20000297061 3

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>	<u>Addres</u> s
!)Change	P	Jacqueline E. Centauro	4735 NW 120th Way
X Add			Coral Springs, FL 33076
Remove			
2) Change	TS_	Robert D. Jones	9450 Eques Circle
X Add			Boynton Beach, Fl. 33472
Remove 3) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Chunge			
Add			
Remove			
δ) Change			
Add			
Remove			

This tax was received by GFI FaxMaker fax server. For more information, visit: http://www.gfl.com H20000297061 3 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A) N/A

0000297061 3 The date of each amendment(s) ad-	option:, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopted action was not required.	sted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
must be separately provided for a	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
August 25, 2	2020
Dated	
Signature Jac	eneline E. Centamo
(By a dir	botor, president or other officer - if directors or officers have not been
	by an incorporator if in the hands of a receiver, trustee, or other court
appointe	d fiduciary by that fiduciary)
	Jacqueline E. Centauro
-	(Typed or printed name of person signing)
	President
•	(Title of person signing)