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April



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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: INDUSTRIAL CONSULTANTS, INC. P940000222 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JIARA MCGRATTAN INDUSTRIAL CONSULTANTS, INC. 13300 6. CLEVELAND AVE, STE. 56, NO. 317 FORT MYERS, FLORIDA 33907
City/State and Zip Code
Ciaram cgrattan @ aol. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IARA Mc GRAT7AN at (239) 565-7077

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (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

Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

10 MAY 27 PM 2:34 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ne must be distinguishable and contain t	he word "cornoration" "com	The
reviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "proj	designation "Corp," "Inc," or	"Co". A professional corpora
		poreviation 1.71,
Enter new principal office address, if applincipal office address MUST BE A STREE		·
ncipui office uuuress <u>most be A STREE</u>	<u></u>	
		
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	CE BOX)	
	 	
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		rida, enter the name of the
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If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent:		rida, enter the name of the
new registered agent and/or the new regis Name of New Registered Agent:	stered office address:	
new registered agent and/or the new regis		ss)
new registered agent and/or the new regis	stered office address: (Florida street addres	ss), Florida
new registered agent and/or the new regis	stered office address:	ss)
new registered agent and/or the new regis Name of New Registered Agent:	(Florida street address) (City) ng Registered Agent:	, Florida(Zip Code)

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)

' <u>Title</u>	<u>Name</u>		Address	<u>T</u> y	pe of Action
RECTOR	ELEANOR	MCGRATIM	NEWLANDS NAAS, CO. IRELAND	60uth x	Add Remove
ECTOR	CLODAGH	MCGRATIAN	26 BALLINT BALLINTERS DUBLIN IL	RE WALL IX	Add Remove
			TREUND		Add Remove
	ditional sheets, if ned	ional Articles, enter of cessary). (Be specifi			
provisio		for an exchange, recla g the amendment if note N/A)			
	 				

The date of each amendment(s)	adoption:	APRIL	12,	200
		of adoption is req	uired)	· · · · · ·
Effective date if applicable:				
(n	o more than 90 days aj	fter amendment fi	le date)	
Adoption of Amendment(s)	(CHECK O	NE)		
The amendment(s) was/were a by the shareholders was/were	dopted by the sharehol sufficient for approval	ders. The numbe	r of vot	es cast for the amendment(s)
The amendment(s) was/were a must be separately provided for				
"The number of votes cas	t for the amendment(s)	was/were sufficient	ent for a	pproval
by		•	31	
(ve	oting group)			
The amendment(s) was/were a action was not required.	dopted by the board of	directors without	t shareh	older action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorpor	rators without sha	reholde	r action and shareholder
Dated	1/2/1/201	<u>"0</u>		
Signature	lanj belleta	#2		
selecte		if in the hands of		or officers have not been ver, trustee, or other court
_	MARY	C. Mc	GRI	ATTAN
	(Typed or pr	inted name of per	son sign	ning)
-	VICE PRESI	•	SHA	REHOLDER
	(Title of person	signing)		