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TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Action Appliance	e, Inc.			
	MBER: P96000006177				
The enclosed Article	les of Amendment and fee are s	submitted for filing.			
Please return all co	rrespondence concerning this m	atter to the following:			
	Denise Benson				
		Name of Contact Perso	on		
	Law Offices of Bonnie A. Brown				
	Firm/ Company				
	514 Colorado Avenue				
	<u> </u>	Address			
	Stuart, FL 34994				
		City/ State and Zip Coo	le		
cor	nnic@controlfamily.com				
	E-mail address: (to be u	sed for future annual repor	t notification)		
For further informat	ion concerning this matter, plea		459-7534		
Name of Contact Person		at (Area Co) 459-7534 ode & Daytime Telephone Number		
Enclosed is a check	for the following amount made				
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)		
Ar Di P.G	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Action Appliance, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P96000006177 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.." or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Constance Rodriguez Name of New Registered Agent 1788 NW Federal Highway (Florida street address) Stuart New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Constance Kochiques

Signature of New Registered Agent, if changing

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 Doe		
X Remove	V	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	DP	Bill Mirti	1788 NW Federal Highway	
Add			Stuart, FL 34994	
X Remove				
2) Change	D P	Constance Rodriguez	1788 NW Federal Highway	
X Add			Stuart, FL 34994	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	
	
f an amendment provides for an each	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amen</u>	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

•	November 17, 2017	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	November 17, 2017	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Noveml Dated Signature _	ber 17, 2017	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	_
	Bill Mirti	
	(Typed or printed name of person signing)	
	Director/President	
	(Title of person signing)	

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