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95/25/23--01027--005 **52.50

R. HUNT 06/26/27

COVER LETTER

TO: Amendment Section

Division of Co	orporations			
NAME OF CORP			PADING Co.	
The enclosed Artic	les of Amendm	ent and fee are su	bmitted for filing.	
Please return all co	rrespondence c	oncerning this ma	tter to the following:	
		EQUIT 3853 TAMPA IRC@BA	Name of Contact Person I ANISORS Firm/ Company Northale I Address FL. 3362 City/ State and Zip Code RHONOVICH Red for future annual report	SLVD. Scute 194
For further information concerning this matter, please call:				
MARC	S BAA	Homovic	14 at (8 13	957-2949 de & Daytime Telephone Number
				,
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee		75 Filing Fee & ificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S1\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
l l	allahassee, FL	24314	Z412 I	v. montoc succt, suite o to

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

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

Check if applicable

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

(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:

EQUITY ADVIORS,	INC. (Changing BACK to DRIGINAL NA
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation "Corp., o". A professional corporation name must contain the wor
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17029 PAULA LN. LUTZ, FL. 33558
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3853 NORTHDALE BLÝI Soute 194
	Swite 194 Swite 194 TAMPA FL 33624 address in Florida, enter the name of the dress:
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the dress:
Name of New Registered Agent MARC	BARHONOVICH
New Registered Office Address: 3853 No.	RTHDALE BLVD. #194. Florida 33624 (City) TAMPA (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent:
iR,	

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	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones	No	Change	ς
X Add	<u>sv</u>	Sally Smith		-)	,
Type of Action (Check One)	<u>Title</u>	Name			Address
1) Change					
Add					
Remove					
2) Change					
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add				_	
Remove					
6) Change					
Add					
-					
Remove					

S. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necess	ary). (Be specific)		
		_		· · · · · · · · · · · · · · · · · · ·
				
				
				
				_
·····				
				
		.:c:		
If an amendment provides for a	1 exchange, reclass	incation, or cancel	lation of issued sn	ares,
provisions for implementing th	<u>e amenament it no</u>	t contained in the a	amenament itsell:	
(if not applicable, indicate N	(A)			
			1	
				

•

The date of each amendment(s) ac	eption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this b document's effective date on the De		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of d	rectors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of ficient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through voting each voting group entitled to vote separ	
"The number of votes cast	For the amendment(s) was/were sufficie	nt for approval
by	(voting group)	
	(voting group)	
selected	rector, president or other officer – if director, by an incorporator – if in the hands of ed fiduciary by that fiduciary) MARC S. BARHO (Typed or printed name of po	a receiver, trustee, or other court
		erson signifi
	DPST	
	(Title of person signing)	