## P9900004118

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2017 OCT 24 PH 2: 33
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NATIONS CONS	TRUCTION INC.	
DOCUMENT NUMB	P99000004178		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	YUVAL FADLON		
- -		Name of Contact Persor	)
1	EXCLUSIVE COVERINGS	INC.	
_	· . <del></del>	Firm/ Company	
	470 ANSIN BLVD #AA		
-		Address	
1	HALLANDALE FL 33009		
-		City/ State and Zip Code	3
EXCL	USIVECOVERINGSINC@	GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information YUVAL FADLON	concerning this matter, pleas	se call: at (	838-7555
	f Contact Person	at ( Area Co	) de & Daytime Telephone Number
	the following amount made		
■ \$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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisie Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

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2017 OCT 24 PH 2: 33

NATIONS CONSTRUCTION INC

·	of Corporation as curren	tly filed with the Florida Dept. of State) 100 Florida Dept. of State
P99000004178		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	cation "Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
		N/A
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli	cable:	
(Mailing address MAY BE A POST)		N/A
D. If amending the registered agent an		
new registered agent and/or the new	• "	<u>ss:</u>
Name of New Registered Agent	YUVAL FADLON	
	470 ANSIN BLVD UNI	T #AA
	tFlorida s	street address)
New Registered Office Address:	HALLANDALE	, Florida 33009
NEW REGISTER COMPLETE THE PERSON.		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	nt: r with and accept the obligations of the position.
петету иссерстве протитет из геда	erea agem. Tam jamma	Than and decept the tringential of the position.
	والمعاملات	
	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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary)	rticles, enter change(s) here: ). (Be specific)
9/A	
	<del></del>
	<del></del>
nrovisions for implementing the an	change, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<i>!</i> /A	
	<del></del>
<u> </u>	<u> </u>

Th	N/A	is ash an alama ab
The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date if applicable:		
<del></del> -	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/18/20 Dated		
Signature		
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	YUVAL FADLON	
	(Typed or printed name of person signing)	<del></del>
	PD	
	(Title of person signing)	