7930000 14856

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SEURETARY OF STATE

QX\ 3/25/20

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Capitol Glass & A	luminum Company, Inc.			
DOCUMENT NUN	P93000016856				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	David Cates				
	Name of Contact Person				
	Capitol Glass & Aluminum Company, Inc.				
	Firm/ Company				
	4811 Hunt Street				
	Address				
	Jacksonville, Florida 32254				
	City/ State and Zip Code				
	david@capcoglass.net				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
David Cates		904 at (388-7450		
Name of Contact Person Area Code & Daytime Telep			de & Daytime Telephone Number		
Enclosed is a check (or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of	
Capitol Glass & Aluminum Company, Inc.	200	
(Name of Corpo	oration as currently filed with the Florida Dept. of State	
P93000016856		
(D	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Flits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following ame	ndment(s) t
A. If amending name, enter the new name of t	he corporation:	
		new
	d "corporation," "company," or "incorporated" or the abbreviation "Co 'Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."	
B. Enter new principal office address, if applie (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>)	E BOX)	
		SECRETARY DIVISION OF CO
D. If amending the registered agent and/or re- new registered agent and/or the new registe	gistered office address in Florida, enter the name of the ered office address:	-0
Name of New Registered Agent		PR (2003)
	(Florida street address)	3: 50
New Registered Office Address:	, Florida	

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)

Remove

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change	<u>S</u>	Maria Johnson	4811 Hunt Street Jacksonville, Flor 3225
X Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		-	
Add			
Remove			
51 Change			_
Add			
Remove			
6) Change			
Add			

			4 . .		
. <u>If amending (</u> Attach <i>additic</i>	or adding additional Ar onal sheets, if necessary).	ticles, enter chang . <i>(Be specific)</i>	<u>(e(s) here</u> :		
					
				_	
				<u></u>	
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			<u>.</u>		
	_				
		· · ·			
If an amendn	nent provides for an exc	change, reclassific	ation, or cancella	tion of issued sha	res,
<u>provisions fo</u> (if not a)	or implementing the ampplicable, indicate, N.A.)	<u>endment if not co</u>	ntained in the an	nendment itself:	
					
		 -	<u></u>		
				<u> </u>	

The date of each amendment(s)) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action an	i shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) 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	ast for the amendment(s) was/were sufficient for approval	
bv	<u>,</u> "	
-	(voting group)	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	_
	Scott I. Cates	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	