

08/03/2009 13:48

3523198832

TROW & PERRY

PAGE 01/06

Division of Corporations

((H090001742703)))

Page 1 of 1

P08000067643

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H090001742703)))



H090001742703ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : CHESTER J. TROW, P.A.
Account Number : I20000000142
Phone : (352) 369-8830
Fax Number : (352) 369-8832

FILED
09 AUG -3 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CENTRAL FLORIDA CLADDING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H090001742703)))

Johnel Chang

8/4/09 7/31/2009

RECEIVED

2009 AUG -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

850-617-6381

8/3/2009 12:29:46 PM PAGE 1/001 Fax Server



August 3, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CENTRAL FLORIDA CLADDING, INC.
2620 SW 17TH ROAD
SUITE 200
OCALA, FL 34474

SUBJECT: CENTRAL FLORIDA CLADDING, INC.
REF: PC8000067643

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H09000174270
Letter Number: 109A00026433

COVER LETTER

TO: Amendment Section
Division of Corporations

((H09000174270 3)))

NAME OF CORPORATION: Central Florida Cladding, Inc.

DOCUMENT NUMBER: P08000067643

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas J. Dobbins

Name of Contact Person

Chester J. Trow, P.A.

Firm/ Company

21 N. Magnolia Avenue, 2nd Floor

Address

Ocala, FL 34475

City/ State and Zip Code

jharris@tapocalalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J. Dobbins

Name of Contact Person

at (352)

369-8830

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

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

((H09000174270 3)))

(((H09000174270 3)))

Articles of Amendment
to
Articles of Incorporation
of

Central Florida Cladding, Inc.

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

P08000067643

(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:

Ocala Casting, Inc.

The new 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:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City) _____, Florida
(Zip Code)

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.

Signature of New Registered Agent, if changing

FILED
 09 AUG -3 AM 10:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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)

((H09000174270 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: May 19, 2009

(((H09000174270 3)))

Effective date if applicable: _____
(no more than 90 days after amendment file date)Adoption of Amendment(s) **(CHECK ONE)**☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.Dated 5/19/09Signature Katelynn Poehler
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)Katelynn A. Poehler
(Typed or printed name of person signing)President
(Title of person signing)