# 306985

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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SECRETARY OF STATE

APPROVED, AND FILED

C. LEWIS NOV 1 3 2013 EXAMINER

### CAPITAL CONNECTION, INC.

- 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| ALUMINUM SERV      | ICE, INC.    |                                       |                                |
|--------------------|--------------|---------------------------------------|--------------------------------|
|                    |              |                                       |                                |
|                    |              |                                       |                                |
|                    |              |                                       |                                |
|                    |              |                                       |                                |
|                    |              |                                       | Art of Inc. File               |
|                    |              |                                       | LTD Partnership File           |
|                    |              |                                       | Foreign Corp. File             |
|                    |              | 1                                     | L.C. File                      |
|                    |              |                                       | Fictitious Name File           |
|                    |              |                                       | Trade/Service Mark             |
|                    |              |                                       | Merger File                    |
|                    |              |                                       | Art, of Amend, File            |
|                    |              |                                       | RA Resignation                 |
|                    |              |                                       | Dissolution / Withdrawal       |
|                    |              |                                       | Annual Report / Reinstatement  |
|                    |              |                                       | Cert. Copy                     |
|                    |              |                                       | Photo Copy                     |
|                    |              |                                       | Certificate of Good Standing   |
|                    |              |                                       | Certificate of Status          |
|                    |              | ,                                     | Certificate of Fictitious Name |
|                    |              |                                       | Corp Record Search             |
|                    |              |                                       | Officer Search                 |
|                    |              |                                       | Fictitious Search              |
| Signature          | <u> </u>     | · · · · · · · · · · · · · · · · · · · | Fictitious Owner Search        |
| •                  |              |                                       | Vehicle Search                 |
|                    |              |                                       | Driving Record                 |
| Requested by: Seth | 11/12/13     |                                       | UCC 1 or 3 File                |
| Name               | Date         | Time                                  | UCC 11 Search                  |
| Hallic             | Date         | THIC                                  | UCC 11 Retrieval               |
| Walk-In            | Will Pick Up |                                       | Courier                        |

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13 NOV 12 AM 9: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently fligh with the Fiorida Dept. of State)  306985  (Document Number of Corporation (If known)  Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(is Anticles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "line," or "Co.", or the designation "Corp." "line," or "Co.", A prefessional corporation mans must contain the word "corporation" or "Incorporated" or the abbreviation "P.A."  B. Enter new principal office address. If nonlicables:  (Principal office address biUST DE A STREET ADDRESS)  C. Enter new mailing address. If nonlicables:  (Afulling address biUST DE A POST OFFICE BOS)  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  (Florido street address)  Name of New Registered Agent  (Florido street address)  New Registered Office Address:  (Florido street address)  Florida  (Cio)  (Cio)  (Cio) | ALUMINUM SERVICE, INC.   |                                      |  |                           |
|---|--|--------------------------------------|--|---------------------------|
| (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 in Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "lnc.," or Co.," or the designation "Corp.," "lnc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new urbulant office address, if applicable: (Principal office address biUST BE A STREET ADDRESS)  C. Enter new malling address, if applicable: (Afalling address billy BE A POST OFFICE BOX)  D. If amending the registered agent and/or the new registered office address:  Name of Naw Ragistered Agant  (Florida street address)  |  | e Florida Dept. of State)            |  |                           |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s in Articles of Incorporation:  A. Hamending name, enter the new manic of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "line," or "Co". A professional corporation name must contain the word "chartered," "professional address, if another abbreviation "P.A."  B. Enter new principal office address, if another blest (Principal office address high y be A POST OFFICE BOX)  C. Enter new malling address high y be A POST OFFICE BOX)  Name of New Registered Agent  (Florido street address)  Name of New Registered Agent  (Florido street address)  Florida.   |  |                                      |  |                           |
| in Articles of incorporation:  A. If amending name, enter the new name of the corporation:  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 prefessional corporation name must contain the word "chartered," "prefessional association," or the abbreviation "P.A."  B. Enter new urincling address, if annihicable: (Principal affice address bitist by A Street Address)  C. Enter new annihing address, if annihicable: (Afailing address bitist by Post office by)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered affice address:  Name of New Registered Agent  (Florido street address)  | (Document Number of Corporation  | n (if known)                         |  |                           |
| A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "Incorporated" or the abbreviation "Corp.," "Inc.," or "Co.", A professional corporation stame must contain the word "chartered," "professional association," or the abbreviation "F.A."  B. Enter new principal office address, if annileables (Principal office address MUST BE A STREET ADDRESS)  C. Enter new malling address, if annileables (Mulling address MINT BE A POST OFFICE BOX)  D. If amonding 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  (Florida street address)  New Registered Office Address:  Florida   | its Articles of Incorporation:   | nis Florida Profit Corporat          | low adopts the following                         | antendment(s) to          |
| name must be distinguishable and contain the word "corporation," "coupany," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "luc," or "Co., A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal affice address, if nonlicables (Principal affice address biust be A Street Appress)  C. Enter new mailing address biust be A Street Appress (Mailing address biust be A Post office Box)  D. If amonding the registered agent and/or registered affice address in Florida, enter the name of the new registered affice address:  Name of New Registered agent  (Florida street eddress)  New Registered Office Address:  Florida   | ***************************************  |                                      |  |                           |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal affice address, if nonlicables (Principal affice address biUST BE A STREET ADDRESS)  C. Enter new mailing address biUST BE A POST OFFICE BOX)  D. If amonding the registered agent and/or registered office address in Florida, enter the name of the new registered affice address:  Name of New Registered agent  (Florida street address)  New Registered Office Address:  Florida  Florida   |  |                                      |  | The new                   |
| (Florido street address)  (Principal office address MUST DE A STREET ADDRESS)  C. Enter new mailing address, if applicables (Mulling address MAIY DE A POST OFFICE BOX)  D. Hamonding the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered affice address:    Name of New Registered Agent  | "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." o  | r "Ca". A professional co            | icorporated" or the ab<br>orporation name must c | breviation<br>coninin the |
| D. If amonding the registered agent and/or registered office address in Florida, enter the name of the new registered affice address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:   |  | ·                                    |  | •                         |
| D. Hamonding the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:   | • • • •  |                                      |  |                           |
| Name of New Registered Agent  (Florido street address)  New Registered Office Address:  Florido.  | C. Enter new mailing address, if anniheables<br>(Mulling address MAY BE A POST OFFICE BOX)                                 |                                      | <del></del>                                      | -                         |
| Name of New Registered Agent  (Florido street address)  New Registered Office Address:  Florido.  |  | <del></del>                          |  | •                         |
| Name of New Registered Agent  (Florido street address)  New Registered Office Address:  Florido.  | •  |                                      |  | •                         |
| (Florido street address) New Registered Office Address:, Florida,   | D. If amonding the registered agent and/or registered office and new registered agent and/or the new registered affice add | iddress in Carida, entar (i<br>1833) | ic name of the                                   |                           |
| New Registered Office Address:, Florida   | Name of New Registered Agent   |                                      | <del></del>                                      |                           |
| New Registered Office Address:, Florida,  | · · ·  |                                      | <u>_</u>   |                           |
|   | (Florid  | o street address)                    |  |                           |
| (CI)) (ZI) Carla)   | New Registered Office Address:   |                                      |  | -                         |
| •   | (0   | 210)                                 | (ZIĮ) Carla)                                     |                           |
| 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, I changing  | I heroby accept the appointment as registered agent. I am famil  | for with and accept the obil         | gations of the position,                         |                           |

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             | PT           | John Doe    |                 |
|-------------------------------|--------------|-------------|-----------------|
| X Remove                      | <u>v</u>     | Mike Jones  |                 |
| X Add                         | <u>sv</u>    | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              |             |                 |
| Remove                        |              |             |                 |
| 2) Change                     |              |             |                 |
| Add                           |              |             |                 |
| 3) Change                     |              |             |                 |
| Add Remove                    |              |             |                 |
| 4) Change                     |              |             |                 |
| Add Remove                    |              |             |                 |
| 5) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             | <u></u>         |
| 6) Change                     |              |             |                 |
| Remove                        |              |             |                 |

|   | simals, if necessary). (Be specific)   |
|---|--|
| o amend Article                             | e VII of the Corporation's Articles of Incorporation to reduce the   |
| nkilmum numbe                               | er of Directors of the Corporation to One (1).   |
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| <u>nrovisions for in</u><br>(if not applied | provides for an exchange, reclassification, or concellation of issued shares, uplementing the amendment if not contained in the amendment liself; abic, indicate NM) |
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APPROVED AND FILED

## 13 NOV 12 AM 9: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| The date of each amendment(s) date this document was signed.   | ndoption: November 7, 2013  |
|--|---|
| Effective date if applicable:                                  | (na mare than 90 days after amendment file date)  |
| Adoption of Amendment(s)                                       | (CHECK ONE)   |
| The amendment(s) was/were at<br>by the shareholders was/were s | topted by the shareholders. The number of votes cost for the amendment(s) sufficient for approval.  |
|  | pproved by the shareholders through voting groups. The following statement or each voting group antitled to vote separately on the amendment(s):  |
| "The number of votes car                                       | it for the amendment(s) was/were sufficient for approval  |
| by   | (voling group)  |
| The amendment(s) was/were a<br>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.           | dopied by the incorporators without shareholder aution and shareholder  |
| Dated Novem  | nber 7, 2013  |
| Signature  | m& atumo  |
| (By a  | director, president or other officer — if directors or officers have not been<br>ted, by an incorporator — if in the hands of a receiver, trustee, or other court<br>inted fiduciary by that fiduciary) |
| . •  | Michael D. Patierno   |
|  | (Typed or printed name of person signing)   |
|  | President   |
| •  | (Title of person signing)   |