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.

(((H230001423143)))



H2300014231434BCU

To:	
	Division of Corporations
	Fax Number : (850)617-6380
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (954)208-0845
	Fax Number : (614)573-3996
	the email address for this business entity to be used for future hual report mailings. Enter only one email address please.**
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_	ail Address:

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Electronic Filing Menu

Corporate Filing Menu

Hutp

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F140000	000746	
	(Document number of corporation (if known)	
Shade Structures, Inc.		
(Name of corp	ooration as it appears on the records of the Depur	tment of State)
) Delaware	, 62:18/2014	
(Incorporated under law	vs of) (Date author	rized to do business in Florida)
(4-7 CC	SECTION II OMPLETE ONLY THE APPLICABLE CHA	NGES)
4. If the amendment changes the name of the coincorporation?	corporation, when was the change effected under	the laws of its jurisdiction of
·		
 (Name of corporation after the amendment, not contained in new name of the corporation 	adding suffix "corporation," "company," or "inc on)	orporated," or appropriate abbreviation,
(If new name is unavailable in Florida, enter	ralternate corporate name adopted for the purpos	e of transacting business in Florida)
6. If the amendment changes the period of	f duration, indicate new period of duration,	
	(New duration)	
7. If the amendment changes the jurisdicti	ion of incorporation, indicate new jurisdiction.	
	(New jurisdiction)	
	registered office address in Florida, enter the c	name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent		
	iFlorida street address)	·
New Registered Office Address:	(City)	, Florida
New Registered Agent's Signature, if that	•	·
Thereby accept the appointment as registere	ed agent. I am familiar with and accept the obli	gations of the position.
Signature of New Register	red Agent, if changing	

(Little of person signing)

// Capacity ager and /	<u>Name</u> Assit, Secretary	<u>Address</u>	Type of Action
	Virginia Marquez	2580 Esters Blvd. Suite 100, DFW /	Airport Add
		Dallas, TX 75261	[× <emove< td=""></emove<>
			Add
			LЗепюче
			•
<u> </u>			Add .
			L. Remove 13
			Add
noted is a	a certificate or document of similar impo	ert evidencing the approximent authenticate	
ne applica or the lay	ation to the Department of State, by the Sows of which it is incorporated.	ort, evidencing the amendment, authenticate ecretary of State or other official having custo	o not more man 20 thy's prior to c ody of corporate records in the juris
	(Signature of a d	firector, president or other officer - if in the ner court appointed fiduciary, by that fiducia	hands of

(Typed or printed name of person signing)