## G25322

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ddress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



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Amend CC Man 11/30/12

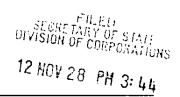
## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                          | RATION: The Door [                          | Doctor of South F  | Florida, Inc.   |
|--|---|--|---|
| DOCUMENT NUM                           |   |  |   |
|  | of Amendment and fee are su                 | abmitted for filing.   |   |
| Please return all corre                | spondence concerning this ma                | tter to the following:   |   |
|  | Cindy Randazzo                              |  |   |
|  |   | Name of Contact Person   | 1   |
|  | The Door Doctor                             | of South Florida   | , Inc.  |
|  |   | Firm/ Company  |   |
|  | 1188 NE 47 ST                               |  |   |
|  |   | Address  |   |
|  | Oakland Park, Fl                            | _ 33334  |   |
|  |   | City/ State and Zip Code   | 2   |
| cin                                    | dy@thedoordocto                             | r net  |   |
|  |   | sed for future annual report                                       | notification)   |
|  |   |  | ······································  |
| For further information                | on concerning this matter, pleas            | se call:   |   |
| Cindy Randa                            | azzo  | 954  | 491-0039  |
| Name                                   | of Contact Person                           | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for                | or the following amount made                | payable to the Florida Depa  | urtment 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) |
| <u>Ma</u>                              | iling Address                               | Street .   | Address   |
|  | endment Section                             | Amendment Section  |   |
|  | ision of Corporations                       | Division of Corporations Clifton Building                          |   |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   |  | xecutive Center Circle  |

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**



The Door Doctor of South Florida, Inc.

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

G25322

(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:   |  |
|---|--|
| NIP   |  |
| name must be distinguishable and contain the word "corporation," '<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".<br>word "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain t |
| B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  | NIA  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | NIA  |
| D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:  Name of New Registered Agent  | n Florida, enter the name of the               |
| New Registered Office Address: (Florida street ad (City)  | ddress), Florida(Zip Code)                     |
| New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with a   | and accept the obligations of the position.    |
| Signature of New Registered Agent   | t, 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.

| X Change                      | <u>PT</u> <u>Joh</u> | n Doe          |   |
|-------------------------------|----------------------|----------------|---|
| X Remove                      | <u>V Mik</u>         | e Jones        |   |
| X Add                         | SV Sall              | y <u>Smith</u> |   |
| Type of Action<br>(Check One) | <u>Title</u>         | <u>Name</u>    | <u>Addres</u> s                           |
| 1) X Change                   | P                    | Cindy Randazzo | 1188 NE 47 ST                             |
| Add                           |                      |                | Oakland Park, FL <del>33063</del><br>3333 |
| Remove                        |                      |                |   |
| 2) Change                     | V                    | Perry Peterson | 5145 Arbor Glen Cir                       |
| X Add                         |                      |                | Lake Worth, FL 33463                      |
| Remove                        |                      |                |   |
| 3) Change                     | <u>ST</u>            | Gary Feldman   | 6984 NW 7 CT                              |
| $X_{Add}$                     |                      |                | Margate, FL 33063                         |
| Remove                        |                      |                |   |
| 4) Change                     |                      |                |   |
| Add                           |                      |                |   |
| Remove                        |                      |                |   |
| 5) Change                     |                      |                |   |
| Add                           |                      |                |   |
| Remove                        |                      |                | <del></del>                               |
| 6) Change                     |                      |                |   |
| Add                           |                      |                |   |
| Remove                        |                      |                |   |

| If amending or adding additional Articles, enter Attach additional sheets, if necessary). (Be speci | fic)  |
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| If an amendment provides for an exchange, reclipions for implementing the amendment if i            | assification, or cancellation of issued shares,<br>not contained in the amendment itself: |
| (if not applicable, indicate N/A)   |   |
|   |   |
|   | WA  |
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|   | <u></u>   |

| The date of each amendment(s) add                                     | option: 11/9/12  |
|---|--|
| Effective date if applicable:   | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)  | (CHECK ONE)  |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suff | ted by the shareholders. The number of votes cast for the amendment(s) ricient for approval.   |
|   | oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):              |
|   | or the amendment(s) was/were sufficient for approval   |
| by  | (voting group)   |
| The amendment(s) was/were adopaction was not required.                | sted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/were adopt action was not required.              | sted by the incorporators without shareholder action and shareholder   |
| Dated 11/9/12 Signature   | dy Kandan  |
|   | ector president or other officer if directors or officers have not been<br>by in incorporator – if in the hands of a receiver, trustee, or other court |
| appointe  | d fiduciary by that fiduciary)   |
| (   | Cindy Randazzo   |
| _   | (Typed or printed name of person signing)  |
| 1   | President  |
| ` <del>-</del>  | (Title of person signing)  |