H40959

Office Use Only



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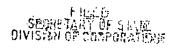


TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STATE WIDE GLASS, INC.						
DOCUMENT NUMBER: H40959						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
SARAH CARTER						
	Name of Contact Person					
STATE WIDE GLASS, IN	NC.					
	Firm/ Company					
201 W. DONEGAN AVE	I.					
	Address					
KISSIMMEE, FL 34741						
	City/ State and Zip Code					
millerbrcm@aol.com						
E-mail address: (to be	e used for future annual report notification)					
For further information concerning this matter, please call:						
KEVIN CARTER	at (407) 933-1588					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status						
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

Articles of Amendment to Articles of Incorporation of



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STATE WIDE GLASS, INC.				
(Name of Corporati	on as currently	iled with the Florida De	pt. of State)	
H40959				
(Docum	nent Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Fi</i>	orida Profit Corporation	adopts the foll	owing amendment(
A. If amending name, enter the new name of the c	orporation:			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co	o". A professional corpo		he abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BO	<u>2X</u>)	·		
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter the na	nme of the	
Name of New Registered Agent				,
	(Florida stree	t address)		
New Registered Office Address:		No. 1	, Florida	di a li
	(C	City)		(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.		th and accept the obligation	ons of the posi	tion.
Sign	nature of New Re	gistered Agent, if changing	2	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	BRUCE D. MILLER	201 W. DONEGAN AVE.
Add			KISSIMMEE, FL 34741
X Remove			·
2) Change	P	SARAH CARTER	201 W. DONEGAN AVE.
X Add			KISSIMMEE, FL 34741
Remove			·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:					
(Attach additional sheets, if necessary). (Be specific)	•				
REMOVE BRUCE D. MILLER AS PRESIDENT OF THE CORPORATION.					
ADD SARAH CARTER AS PRESIDENT OF THE CORPORATION. ADD HER ADDRESS: 201 W. D	ONEGAN AVE.				
KISSIMMEE, FL 34741.					
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·					
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)					
· · · · · · · · · · · · · · · · · · ·					

9/1/2015	r ultu Sebretary of Suage
The date of each amendment(s) adoption:	DIVISIAN OF BUR Other than the
date this document was signed.	~~ ~~~
9/1/2015 Effective date if applicable:	15 SEP -4 PM 2: 31
	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable shocument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suff	icient for approval
by(voting group)	,,,
(voting group)	· · · · · · · · · · · · · · · · · · ·
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder
9/1/2015	
Dated	-
Signature Surab Cartur (By a director, president or other officer – is selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	
SARAH CARTER	
(Typed or printed name	of person signing)
PRESIDENT	

(Title of person signing)