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LIFEUTIVE DATE





COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: <u>Cabine</u>	tree Const	ruction, Inc.		
DOCUMENT NUMBI	er: <i>K577.33</i>				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this man	tter to the following:			
_	Ra	indy Ro	35		
		Name of Contact Persor	1		
-	163	Firm/ Company Address	s Circle		
_	Vinio	Ce FL	34285		
	Part 6	City/ State and Zip Code			
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual report	notification)		
		at (_)		
Name of	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
	silling Address Street Address				
Amendment Section Division of Corporations		Amendment Section			
	Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314			2661 Executive Center Circle		
.,		Tallahassee, FL 32301			

•	Amendment EFFECTIVE DATE 1205027
	ncorporation TALLOGE PM 3
Labinetsee Constru	Elorida Dept. of State)
(Name of Corporation as currently filed with the	Florida Dept. of State)
<i>K5773</i> 3	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Labinetrue of to	he Suncast Inc. The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	<u> </u>
New Registered Office Address: (Co.	ASS CICLE ktreet address) L, Florida 34285 (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia Signature of New Registere	ar with and accept the obligations 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	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	— NHK	
Add		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4)Change		
Add	-	
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
\cdot 1 \ $$	
NTA	
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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)	
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	—

The date of each amendment(s) adoption:
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 12/17/12 Sign Here
(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) Randy Ross (Typed or printed name of person signing) (Title of person signing)