L41800

Office Use Only



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09/17/12--01040--001 **35.00



9/20/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAKESHORE	E CUSTOM WOOL	PRODUCTS, INC
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
ERIKA A OLESO	N	
	Name of Contact Persor	1
LAKESHORE CU	ISTOM WOOD I	PRODUCTS, INC
	Firm/ Company	
5210 SHADOWL	AWN AVENUE	
	Address	
TAMPA FL 33610	0	•
	City/ State and Zip Code	2
EAOLESON1@VER	IZON.NET	
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
ERIKA A OLESON	at (813	623-2790
Name of 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 \$\times \text{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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEC

Lakeshore Custom Wood Products, Inc.

2012 SEP 17 AH 11: 23

SECULTARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) L41800 (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: 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 professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending 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: 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, if changing

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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	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	ST	DAWN R SPARKS	5210 SHADOWLAWN AVENUE
Add			TAMPA FL 33610
X Remove			
2) Change	ST	ERIKA A OLESON	5210 SHADOWLAWN AVNUE
X			TAMPA FL 33610
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			,
Remove			

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exc	<u>hange, reclassificat</u>	<u>ion, or cancella</u>	tion of issued sha	res,
rovisions for implementing the amo	endment if not cont	ained in the am	endment itself:	
(if not applicable, indicate N/A)				
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The date of each amendment(s) adoption: 9/12/2012			
Effective date <u>if applicable</u> :	;		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.		
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):		
"The number of votes cas	t for the amendment(s) was/were sufficient for approval		
by	23		
	(voting group)		
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder		
Dated 9/12/2	2012		
Signature/	May Q		
	director, president or other officer - if directors or officers have not been		
	ty an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)		
••	CHAD W OLESON		
	(Typed or printed name of person signing)		
	VICE PRESIDENT		
	(Title of person signing)		

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