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(Re	questor's Name)				
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SECRETARY OF STATE
FALLAHASSEE

Carlo Mann

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: <u>Allied archieked wal Metals</u> The (Name of Corporation)				
DOCUMENT NUMBER: 472045				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Marne of Contact Person) Marne of Contact Person)				
allied architectural Metals, Inc (Firm/Company)				
4340 NESTO Que				
It Coule dale Ha 3334 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Quelic Stusta at (954) 563-799/ (Name of Contact Person) at (Area Code & Daytime Telephone Number)				

Enclosed is a \$35.00 check, made payable to the Department of State.

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

Articles of Incorporation

of		
alliel architectural	metals Im.	,
(Name of Corporation as currently filed with	the Florida Dept. of State)	<u> </u>
L 18045		
(Document Number of Corporat	ion (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statufollowing amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corpor	ration adopts the
A. If amending name, enter the new name of the corporation	<u>n:</u>	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	," or the designation "Corp,"	"Inc," or
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FIL 09 JAN 26 SECRE ARY TALLAHASSE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		Angelia (1888)
Name of New Registered Agent:		
New Registered Office Address: (Flori	ida street address)	
	, Flori (City) (Zi	da p Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am	gent:	•
A march ma afficient as a Commercial and additional and an additional and a second	,	

position.

Signature of New Registered Agent, if changing

Mamending 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)

<u>Title</u>	Name		Address		Type of Action
res	Gregor	g.M. Hez	ybyhski 434	ONESONAME	_ 🔏 Add _ 🗖 Remove
Pres	Greg !	den Ket	eybyhski 434 Dery Jeses	sed	_ Add _ Remove
		•			_ □ Add _ □ Remove
			, enter change(s) here	, <u>2</u> :	
(attach a	additional sheets, ij —	f necessary). (Bo	e specific)		
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provis		ting the amendm	ge, reclassification, onent if not contained		
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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 yoting 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
(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)
Gregory M. Przybyks Ki (Typed or printed name of person signing)
(Title of person signing)