Division of Corporations

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Number: FCACO0000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ANCHOR INSULATED WIRE, INC.

| Certificate of Status | |
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Corporate Filing Menu

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Articles of Amendment to Articles of Incorporation SECRETA CONSTRAIN BURENHASSES, FLOREA

| | Articles of Incorporation | 110Att 1843LF696GFT/ | , Falleniji |
|---|--|--|------------------------------|
| ANCH | IOR INSULATED WIRE, | INC. | |
| (Name of Corporation as current | y filed with the Florida Dept. of State) | | |
| | M54360 | | |
| (Document Number | r of Corporation (if known) | (| |
| Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation: | orida Statutes, this Flarida Profit Corpora | ttion adopts the following amo | ındment(s) tı |
| A. If amending name, enter the new name of the | e corporation: | | |
| SupplyOne Tampa Bay, Inc. | | 7k. | |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or | orp," "Inc," or "Co". A professional of the abbreviation "P.A." | incorporated" or the abbrev corporation name must conta | lation in th a |
| B. Enter new principal office address, if applier (Principal office address MUST BE A STREET A | (DDRESS) | | |
| - | | | |
| | | · | |
| C. Enter new malling address, if applicables (Malling address MAY BE A POST OFFICE) | <u></u> | | , |
| D. If amonding the registered agent and/or registered agent and/or the new register | istered office address in Florida, enter (red office address; | he name of the | |
| Name of New Registered Agent | ···· | | |
| | | | |
| | (Fiorida street address) | | |
| New Ragistared Office Address: | | florida | |
| | (Clay) | (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen | | igations of the position. | |
| Signature o | i new veRnieren vRein' û eviniRiuR | | |

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 officer. 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, Y as Remove, and Sally Smith, SV as an Add. Examples

| X Change | m | <u>John Da</u> | <u>.</u> | |
|-------------------------------|--------------|----------------|-------------|------------------|
| X Remove | ¥ | Mike Jo | | |
| _X Add | <u>sv</u> | Sally Sa | nith | |
| Type of Action (Check One) | <u>Titla</u> | | <u>Name</u> | <u>Address</u> s |
| Change Add | | - | | |
| Remove | | | | |
| 2) Change | | - | | |
| Remove | | | | |
| J) Change | | - | | |
| Remove | | | | |
| 4) Change | | - | | |
| Remove | | | | |
| 5) Change | | - | | |
| Add Remove | | | | |
| 6) Change | | - | | |
| AddRemove | | | | |

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| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself; |
| (if not applicable, indicate N/A) | training to a solution of the |
| Α | |
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| The date of each amondment(s) adoption this document was signed. | ntion: | , if other than the |
|---|--|---------------------|
| Effective date if applicable: | · | |
| | (no more than 90 days after amendment file data) | _ |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amondment(s) was/were adopted by the shareholders was/were sufficient | ed by the shereholders. The number of votes cast for the amendment(s) cleat for approval. | |
| The amendment(s) was/were appro- untal be separately provided for sai | ved by the sharsholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(4): | |
| "The number of votes east for | the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| The amendment(s) was/were adopte action was not required. | ed by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were adopte action was not required. | d by the incorporators without shareholder action and shareholder | |
| NOVEMBE | ERIH , 2014 | |
| Daled NOVEMBE Signature | SNA | |
| | nor, president or other officer - if directors or officers have not been | _ |
| solouted, b | y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) | |
| Ry | van S. Northington | |
| | (Typed or printed name of person signing) | |
| VI | ce President, CFO, Secretary and Treasurer | |
| | (Title of person signing) | |