## P00000003

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER .

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: R & S ASSEMBL   | Y, INC.   |  |
|-------------------------|---|---|--|
| DOCUMENT NUM            | BER: P0000000023  |   |  |
|                         | of Amendment and fee are su   | bmitted for filing.   |  |
| Please return all corre | spondence concerning this ma  | tter to the following:  |  |
|                         | Robert DeMarco  |   |  |
|                         |   | Name of Contact Person  | 1  |
|                         | R & S ASSEMBLY, INC.  |   |  |
|                         |   | Firm/ Company   |  |
|                         | 8451 McAllister Way   | , ,   |  |
|                         |   | Address   |  |
|                         | West Palm Beach, Florida 33   | 3411  |  |
|                         |   | City/ State and Zip Cod   | e  |
| bob@                    | gscreenbuildersinc.com  |   |  |
|                         | E-mail address: (to be us   | sed for future annual report                                      | notification)  |
|                         |   |   |  |
| For further information | n concerning this matter, pleas   | se call:  |  |
| Robert DeMarco          |   | 561   | 324-1007<br>de & Daytime Telephone Number  |
| Name                    | of Contact Person   | Area Co   | de & Daytime Telephone Number  |
| Enclosed is a check for | or the following amount made  | payable to the Florida Depa                                       | artment of State:  |
| \$35 Filing Fee         | □\$43.75 Filling Fee & Certificate of Status                                      | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Am<br>Div<br>P.C        | iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314 | Ameno<br>Divisio<br>Clifton                                       | Address Iment Section on of Corporations Building Executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| (Name o  | of Corporation as curren    | tly filed with the Florida Dep | t. of State)              |
|--|-----------------------------|--------------------------------|---------------------------|
| 200000000023   |                             |                                | - A.                      |
|  | (Document Number            | of Corporation (if known)      | <i>a</i> <                |
| Pursuant to the provisions of section 607. is Articles of Incorporation:   | 1006, Florida Statutes, thi | s Florida Profit Corporation a | dopts the following amend |
| . If amending name, enter the new na   | me of the corporation:      |                                |                           |
| S & R ASSEMBLY, INC.   |                             |                                | The                       |
| ame must be distinguishable and con<br>Corp.," "Inc.," or Co.," or the design<br>ord "chartered," "professional associa                      | ation "Corp," "Inc," or     | "Co". A professional corpor    |                           |
| . Enter new principal office address,  | if applicable:              | 14072 Paddock Drive            |                           |
| Principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |                             | Wellington, Florida 3341-      | 1                         |
|  |                             | 14072 Paddock Drive            |                           |
|  |                             | Wellington, Florida 3341-      | 1                         |
| If amending the registered agent an new registered agent and/or the new  |                             |                                | me of the                 |
| Name of New Registered Agent   | ELLIOT P. BORKSON,          | ESQ.                           |                           |
|  | 1313 South Andrews Av       | renue                          |                           |
|  | (Florida s                  | treet address)                 |                           |
|  | Fort Lauderdale             |                                | , Florida 33316           |
| New Registered Office Address:   |                             |                                |                           |

Sella A Registered Agent, if changing

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                   | <u>PT'</u>               | John Doe        |                            |
|----------------------------|--------------------------|-----------------|----------------------------|
| X Remove                   | $\underline{\mathbf{v}}$ | Mike Jones      |                            |
| X Add                      | <u>\$V</u>               | Sally Smith     |                            |
| Type of Action (Check One) | <u>Title</u>             | <u>Name</u>     | <u>Addres</u> s            |
| 1) Change                  | OP                       | Jim Trimble     | 8451 McAllister Way        |
| Add                        |                          |                 | West Palm Beach, Fl. 33411 |
| X Remove                   |                          |                 |                            |
| 2) X Change                | P                        | Michael Sonsini | 14072 Paddock Drive        |
| Add                        |                          |                 | Wellington, Florida 33414  |
| Remove                     |                          |                 |                            |
| 3) X Change                | TS                       | Robert DeMarco  | 14072 Paddock Drive        |
| Add                        |                          |                 | Wellington, Florida 33414  |
| Remove                     |                          |                 |                            |
| 4) Change                  |                          | _               |                            |
| Add                        |                          |                 |                            |
| Remove                     |                          |                 |                            |
| 5) Change                  |                          | _               |                            |
| Add                        |                          |                 |                            |
| Remove                     |                          |                 |                            |
| 6) Change                  | ~~~                      |                 |                            |
| Add                        |                          |                 | <u> </u>                   |
| Remove                     |                          |                 |                            |

| If amending or adding additional (Attach additional sheets, if necessar | ry). (Be specific)  |
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| provisions for implementing the   | exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself: |
| (if not applicable, indicate N/.  | (A)   |
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|   | October 15, 2018  |                               |
|---|---|-------------------------------|
| The date of each amendment(s)   | adoption:   | , if other than the           |
| date this document was signed.  | . 1. 15 2019  |                               |
| Effective date <u>if applicable</u> :                                 | etober 15, 2018   |                               |
|   | (no more than 90 days after amendment file date)  |                               |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this department of State's records.   | ite will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                               |
| The amendment(s) was/were as by the shareholders was/were             | dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.   | s)                            |
|   | pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s): | ent                           |
| "The number of votes car  | st for the amendment(s) was/were sufficient for approval  |                               |
| by  | (voting group)  |                               |
|   | (voting group)  |                               |
| ☐ The amendment(s) was/were a action was not required.                | dopted by the board of directors without shareholder action and sharehold   | er                            |
| ☐ The amendment(s) was/were a action was not required.                | dopted by the incorporators without shareholder action and shareholder  |                               |
| Dated   | 20-22-18<br>20/2/01//Sania  |                               |
| Signature   | director, president or other officer – if directors or officers have not been   |                               |
|   | ted, by an incorporator – if in the hands of a receiver, trustee, or other cou  |                               |
|   | inted fiduciary by that fiduciary)  |                               |
|   | Michael Sonsini   |                               |
|   | (Typed or printed name of person signing)   |                               |
|   | President   |                               |
|   | (Title of person signing)   |                               |