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. **TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:APOPKA ALUMINIUM & SCREEN, INC			
DOCUMENT NUMBER:	MBER: P02000024374		
The enclosed Articles of Amendmen	nt and fee are submitted for filing.		
Please return all correspondence cor	ncerning this matter to the following:		
	RAYMOND A. McLEOD, ESQUIRE		
	Name of Contact Person		
	McLEOD LAW FIRM		
	Firm/ Company		
	48 EAST MAIN STREET		
	Address		
	APOPKA, FLORIDA 32703		
	City/ State and Zip Code		
r E-mail addre	amcleod@mcleodlawfirm.com ss: (to be used for future annual report notification)		
For further information concerning t	his matter, please call:		
SHIREY KEITH	at (407) 886-3300 Area Code & Daytime Telephone Number		
Name of Contact Person			
Enclosed is a check for the following	g amount made payable to the Florida Department of State:		
✓ \$35 Filing Fee	Fee & \$\Bigsquare\tag{\text{\$43.75 Filing Fee}}\$ Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
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



APOPKA ALUMINUM & SCREEN, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000024374

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.19 amendment(s) to its Articles of Incorporation		la Profit Corporation adopts the follo
A. If amending name, enter the new name		
	PIC SOLUTIONS, INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	the designation "Corp," "Inc," o	r "Co". A professional corporation
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STRI</u>		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) D. If amending the registered agent and/onew registered agent and/or the new resistered Agent: Name of New Registered Agent: New Registered Office Address:	or registered office address in Flo	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		
	Signature of New Registered Ag	em, y 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) Title <u>Name</u> Address Type of Action D SANDRA W. EARNEST ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendmen	it(s) adoption: June 23, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	TIMOTHY G. EARNEST
	(Typed or printed name of person signing)
	President
	(Title of person signing)