## P03000019471

| (F                      | lequestor's Name)      |                |
|-------------------------|------------------------|----------------|
| (A                      | ddress)                |                |
| V                       | ,                      |                |
| <u>(A</u>               | ddress)                | <u> </u>       |
|                         |                        |                |
| (C                      | city/State/Zip/Phone # | <del>!</del> ) |
| PICK-UP                 | ☐ WAIT                 | MAIL           |
|                         |                        |                |
| Œ                       | Business Entity Name   | )              |
|                         | Occument Number)       |                |
| (C                      | ocument Number)        |                |
| Certified Copies        | Certificates o         | f Status       |
|                         |                        | ,              |
| Special Instructions to | o Filing Officer:      |                |
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SECRETARY STEEL FLORIDA

AUG 2 7 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: THORNE METAL SYSTEMS, INC.  DOCUMENT NUMBER: P03000069671                |   |  |  |  |
|---|---|--|--|--|
| The enclosed Articles   | of Amendment and fee are sub                | omitted for filing.  |  |  |
| Please return all correspondence concerning this matter to the following:                     |   |  |  |  |
|   | WILLIAM J THOR                              | RNE  |  |  |
|   |   | Name of Contact Person   |  |  |
|   | THORNE METAL                                | SYSTEMS, INC   | · ·  |  |
|   |   | Firm/ Company  |  |  |
| 1528 VIRGILS WAY SUITE #8   |   |  |  |  |
|   |   | Address  |  |  |
|   | <b>GREEN COVE SI</b>                        | PRINGS, FL 320   | 043  |  |
|   |   | City/ State and Zip Code   |  |  |
| INF   | O@RIVERCPA.C                                | ОМ   |  |  |
|   | E-mail address: (to be use                  | ed for future annual report r                                      | notification)  |  |
| For further information concerning this matter, please call:                                  |   |  |  |  |
| STANLEY U   | HUNI  | at (904  | <sub>.)</sub> 626-6347   |  |
| Name o  | of Contact Person                           | Area Cod   | e & Daytime Telephone Number   |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |   |  |  |  |
| \$35 Filing Fee   | □\$43.75 Filing Fee & 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) |  |
|   | ling Address<br>endment Section             |  | nent Section   |  |
| Division of Corporations P.O. Box 6327  |   | Division of Corporations Clifton Building                          |  |  |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILED

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14 AUG 22 PM 1:48

## THORNE METAL SYSTEMS, INC.

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

P03000069671

SECRETARY OF STATE TAGLIANIASSEF, FLORIDA

(Document Number of Corporation (if known)

| Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:  | this Florida Profit Corporation adopts the following amendment(s) to                     |  |  |
|---|--|--|--|
| A. If amending name, enter the new name of the corporation  | <u>:</u>   |  |  |
| name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | or "Co". A professional corporation name must contain the                                |  |  |
| B. Enter new principal office address, if applicable:   | 1528 VIRGILS WAY   |  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | SUITE #8   |  |  |
|   | GREEN COVE SPRINGS, FL 32043   |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 1528 VIRGILS WAY   |  |  |
|   | SUITE #8   |  |  |
|   | GREEN COVE SPRINGS, FL 32043   |  |  |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add  | ress:  |  |  |
| Name of New Registered Agent RIVER CPA,   |  |  |  |
|   | S CREEK ROAD  da street address)   |  |  |
| New Registered Office Address: GREEN COV  | YE SPRINGS Florida 32043 (Zip Code)  |  |  |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am family STANLE Signature of New Register.                           | liar with and accept the obligations of the position. 4 U. HUNT – OWNER - RIVER CPA, LLC |  |  |

Page 1 of 4

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 <math>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.

| Example: X Change             | <u>PT</u>      | John Doe    |                 |
|-------------------------------|----------------|-------------|-----------------|
| X Remove                      | <u>v</u>       | Mike Jones  |                 |
| X Add                         | –<br><u>sv</u> | Sally Smith |                 |
|                               |                |             |                 |
| Type of Action<br>(Check One) | <u>Title</u>   | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |                |             |                 |
| Add                           |                |             |                 |
| Remove                        |                |             |                 |
| 2) Change                     |                |             |                 |
| Add                           |                |             |                 |
| Remove                        |                |             |                 |
| 3) Change                     |                |             |                 |
| Add                           |                |             |                 |
| Remove                        |                |             |                 |
| 4) Change                     |                |             |                 |
| Add                           |                |             |                 |
| Remove                        |                |             |                 |
|                               |                |             |                 |
| 5) Change                     |                |             |                 |
| Add Add                       |                |             |                 |
| Remove                        |                |             |                 |
| 6) Change                     |                |             |                 |
| Add                           | <del></del>    |             |                 |
| Remove                        |                |             |                 |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)   |
|---|
| ARTICLE 5: PLEASE AMEND AS FOLLOWS:   |
| "The aggregate number of shares which the corporation has authorization to issue  |
| is 2,000, all of which shall be common shares with a par value of one dollar."  |
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| 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 amendment(s) adoption: date this document was signed.                 |  | _, if other than the |
|--|--|----------------------|
| Effective date if applicable:  |  |                      |
| Enective date it applicable:   | (no more than 90 days after amendment file date)   | _                    |
| Adoption of Amendment(s) (CH   | IECK ONE)  |                      |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | shareholders. The number of votes east for the amendment(s) approval.  |                      |
| The amendment(s) was/were approved by th must be separately provided for each voting   | e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):                                     |                      |
| "The number of votes cast for the ame  | ndment(s) was/were sufficient for approval   |                      |
| by(vo  | ting group) ."   |                      |
| The amendment(s) was/were adopted by the action was not required.                      | board of directors without shareholder action and shareholder  |                      |
| The amendment(s) was/were adopted by the action was not required.                      | incorporators without shareholder action and shareholder   |                      |
| Dated 08/13/2014   |  |                      |
| Signature Will   | 1 m  | _                    |
| selected, by an inc  | fident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary) |                      |
| WILLIAM  | J THORNE   |                      |
|  | (Typed or printed name of person signing)  |                      |
| PRESID   |  |                      |
| <del> </del>   | (Title of person signing)  |                      |

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