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SECRETARY OF STATE TALL AHASSEE FOR TALE

C. LEWIS OCT 2 3 2013

EXAMINER

*COVER LETTER

Division of Corporations DWANE TORRE DRYWALL INC. NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: O'Neill & O'Neill Services Firm/ Company 2154 JACKSONVIlle NEILLS 2 @ AOL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 to Articles of Incorporation



DOM: - T	of	WALL	TAL.	LAHASSEE, F	STATE
(Name of Corporation as currently filed			1 VIC		LURIDA
	33273	<i>j</i>	,		
(Document Number of Co	\ . .	wn)			
Pursuant to the provisions of section 607.1006, Florida St Articles of Incorporation:	atutes, this <i>Flori</i>	da Profit Corpoi	<i>ration</i> ado	pts the following	amendment(s
A. If amending name, enter the new name of the corp	oration:				
NIA					The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co".	A professional	"incorpord Corporati	ated" or the ab on name must c	breviation ontain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	ESS)	NIA		,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NIA	 _		
	_				
). If amending the registered agent and/or registered	office address i	n Florida, enter	the name	of the	
Name of New Registered Agent	A				
	(Florida street ac	Idress)		·	
New Registered Office Address:	(City)	<u></u> ,	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: um familiar with a	and accept the of	bligations	of the position.	

Signature of New 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.

Example: X Change	<u>PT</u>	John D	<u>Doe</u>	
X Remove	Y	Mike J	<u>Iones</u>	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	_Title		Name	<u>Addres</u> s
1) Change	NB	· 	Adam M. Knight	2054 Kitty St. JACKSONVILLE, FL.
Add				JACKSONVILLE, FL
Remove				39940
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	·	_		
Add				
Remove				
5) Change	·	_		
Add				
Remove				
6) Change				
Add				
Remove				

	adding additional Artical sheets, if necessary).	(Be specific)		•	
	NIA				·
					
····					
		···-			
					
				 	
				.	
lf an amendm	ent provides for an excluder implementing the ame	hange, reclassif	fication, or cance	ellation of issued s	hares,
(if not ap	olicable, indicate N/A)	<u>inament 11 not 4</u>	contained in the	amendment usen:	•
``	NIA				
	10[11				



	13 002
The date of each amendment(s) adoption:	SECRETAGE: 42 if other than the
date this document was signed.	SECRETARY OF
Effective date if applicable:	TALLAHASSEE STATE
(no more than 90 da	SECRETARY OF STATE TALLAHASSEE, FLORIDA ys after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors with action was not required.	nout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
Dated 8 OCT 2013	_
Signature (By a director, president or other officer -	if directors or officers have not been
selected, by an incorporator – if in the ha	
appointed fiduciary by that fiduciary)	•••• • • • • • • • • • • • • • • • • •
DWANE TO	OKR E
(Typed or printe	ed name of person signing)
DWANE TO (Typed or print) PRESIDE	Nt
(Title o	f person signing)