## P03000/39145

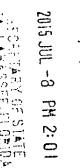
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(Requestor's Name)
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(Document Number)
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JUL 13 2014

C. CARROTHERS

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: HARWOOD VINY 1 4 ALUM. CORP.  DOCUMENT NUMBER: PO3000139165
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARY HARWOOD  Name of Contact Person  HARWOOD VINY & ALUM. LORP  Firm/Company  2789 NW PINE RIDGE AVE  Address  Address  ACADIA, FL. 34266  City/State and Zip Code  METAL FAM 5 & AoL, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARY HARWOOD at (863) 990-7910  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy (Addition

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

			<b>7</b> *5
	to Articles of Incorpora		I_F
. ,	of		
HARWOOD	VINY/ +	Alum- Col	1p2:01
( <u>Name of Co</u>	rporation as currently filed	with the Florida Dept. of State	DSTATE.
D03	3000 139165	on view <del>= 2</del> 2 ° ° ;	CUM(投資
•	(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florid</i>	a Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new name of	f the corporation:		
	NA		The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". or the abbreviation "P.A."		
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MA	
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office address in stered office address:	Florida, enter the name of the	
Name of New Registered Agent		14 17	<del>_</del>
	(Florida street addi	ress)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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> J	ohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	1	Stephen Rucki	3288 SW live Oa KAVE
_✓_ Add			ALIADIA AL
Remove			34266
2) Change		W	
Add			
Remove			***************************************
3 ) Change	***************************************	MA.	
Add			
Remove			
4) Change		MA	
Add			
Remove			
5) Change	188 (CONT.)	NA	W
Add			
Remove			- <u>-</u> -
6) Change		W&	
Add			
Remove			

f amending or adding additional Art Attach additional sheets; if necessary).	(Be specific)	<del></del>	
			-
		NA	
		<del></del>	
	<del></del>	••••	
		The second district the second of the second	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exc	hange, reclassification	1. or cancellation of issued shares	
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contain	ned in the amendment itself:	
(if not applicable, indicate N/A)		.N.	
170 100 100	<del> </del>	NY.	<del></del>
			<del>-</del> -
1200 401 401 401 401			

The date of each amendment(s) adoption:	NA	, if other than the
date this document was signed.		
Effective date if applicable:	NA	
enterne unte <u>n'appricable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, State's records.	this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amen pproval.	dment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendments	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	ing group)	
(voti	ing group)	
The amendment(s) was/were adopted by the baction was not required.	poard of directors without shareholder action and sha	reholder
The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder action and shareho	lder
Dated 7-1-15	)	
Signatura	DAM- HORLAND	
Signature	dent or other officer – if directors or officers have no	ot been
selected, by an incor	rporator – if in the hands of a receiver, trustee, or oth	
appointed fiduciary	by that fiduciary)	
	Typed or printed name of person signing)	
	VICE POSS.	
<del></del>	(Title of person signing)	