P03001986

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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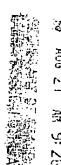
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: First Choice Window Repair Inc. | | | | | |
|---|---|--|---|--|--|
| DOCUMENT NUMBER: P03000149586 | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all corre | Please return all correspondence concerning this matter to the following: | | | | |
| | Tony Corbitt | | | | |
| | TOTY COIDIT | N | | | |
| | Name of Contact Person First Choice Window Repair Inc | | | | |
| | | Firm/ Company | | | |
| | 2114 Butler Ave. | | | | |
| | | Address | | | |
| | Middleburg, Fl 32068 | | | | |
| | | City/ State and Zip Cod | e | | |
| tar | corbitt@gmail.com | | | | |
| | | sed for future annual report | notification) | | |
| | E-man address. (w be us | seu tor tuture annual report | nouncation) | | |
| For further information | on concerning this matter, pleas | se call: | | | |
| Valerie Corb | i itt | 904 | 881,5846 | | |
| | | | 881-5846 | | |
| Name | of Contact Person | Area Co | de & 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) | | |
| Am Div P.C | niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Ameno Divisio Clifton 2661 E | Address iment Section on of Corporations Building Executive Center Circle assee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation

First Choice Window Repair, Inc.

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



| P03000149586 | |
|--|---|
| (Document Number of Corporation | (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| N/A | The new |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| C. Enter new mailing address, if applicable: | NI/A |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses | |
| NI/A | <u>ss.</u> |
| Name of New Registered Agent IN/A | |
| - | |
| (Florida s | street address) |
| New Registered Office Address: | , Florida |
| (Cit _i | o) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agen | |
| l hereby accept the appointment as registered agent. I am familian | with and accept the obligations of the position. |
| | |
| Signature of New Registered | f 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> <u>John</u> | 1 Doe | |
|-------------------------------|------------------------|--|------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | V | Valerie Corbitt | 2114 Butler Ave. |
| X Add | | | Middleburg, Fl |
| Remove | | | 32068 |
| 2) Change | CEO | Brandon Corbitt | 7020 Pamela Dr |
| X Add | | | Jacksonville, Fl |
| Remove | | | 32210 |
| 3)Change | | water and the second se | |
| Add | | | |
| Remove | | | |
| 4) Change | | | _ |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| . If amending or adding additional Arti (Attach additional sheets, if necessary). | |
|---|---|
| N/A | |
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| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| Tony A Corbitt - P - 800 s | hares |
| /alerie Corbitt - V - 100 s | shares |
| Brandon Corbitt - CEO - ' | 100 shares |
| Standon Corbitt - CEC - | - Too shares |
| that he was the second of the | |
| | |
| · | |
| | |
| | |
| | |

| The date of each amendment(s) adoption: | | | |
|---|--|-------------|--|
| date this document was signed. | | | |
| Effective date <u>if applicable</u> : | | _ | |
| | (no more than 90 days after amendment file date) | | |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were aby the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | | |
| | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | | |
| "The number of votes can | 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 shareholder | | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder | | |
| _{Dated} 8/13 | /13 | | |
| Signature | To A Gallery | | |
| (By a selec | 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 court inted fiduciary by that fiduciary) | | |
| | Tony A Corbitt | | |
| | (Typed or printed name of person signing) | | |
| | President | | |
| | (Title of person signing) | | |