103000157960

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
	_	_
(Ci	ty/State/Zip/Phone	+ #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500220560765

02/10/12--01023--019 **52.50

M

12 FEB IO AM 9: 28
SECRETARY OF STATE

FEB 14 2012 T. ROBERTS....

COVER LETTER

TO: Amendment Section

P.O. Box 6327

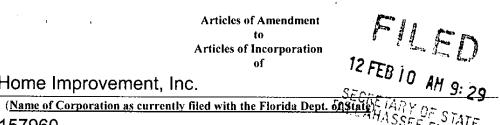
Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Tampa Home Improvement, Inc. DOCUMENT NUMBER: P03000157960 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Douglas Lewis Name of Contact Person Tampa Home Improvement, Inc. Firm/ Company 6703 Drifting Sands Rd Address , Temple Terrace, FI 33617 City/ State and Zip Code doug@dalcontracting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\underbrace{813}_{Area\ Code} \, \underbrace{957\text{-}2231}_{Boundard Daytime\ Telephone\ Number}$ Doug Lewis Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building



Tampa Home Improvement, Inc.

P03000157960

(Document Number of Corporation (if known)

nt(s) to

	<u>n:</u>
Allstate Construction Services, Inc.	
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must conta
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS	
,	
Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>
	- the public of
new registered agent and/or the new registered office add	
new registered agent and/or the new registered office add Name of New Registered Agent	dress:
Name of New Registered Agent	
Name of New Registered Agent (Florid	da sreet address) , Florida
Name of New Registered Agent (Florid	da sreet address)
Name of New Registered Agent (Florid	da sreet address) , Florida

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	 		

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)	
"		
	4 10 A 10	
	10.000	_
14-71-m-24		
· · · · · · · · · · · · · · · · · · ·		
n amendment provides for an exc	hange, reclassification, or cancellation of issued	shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itse	<u>II:</u>
1000 1 CONT. MA		
	\	
		

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(MV MAVE Mail 20 days after amenantific actor)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated Feb 8 2012
Signature Donalus Q, Lew 5
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Douglas A. Lewis
(Typed or printed name of person signing)
President
(Title of person signing)