

P040000000909

(Requestor's Name)

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(City/State/Zip/Phone #)

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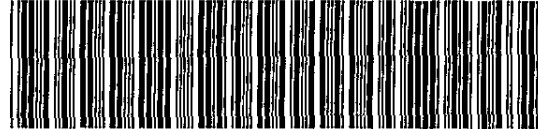
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN MAR 26 2004

Amend

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J POOD INSTALLATIONS INC

DOCUMENT NUMBER: P04000000909

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON POOD REGISTERED AGENT
(Name of Person)

(Name of Firm/ Company)

366 SE DALVA AVENUE
(Address)

PORT ST LUCIE, FL 34984
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

JASON POOD at (772) 342-1115
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 MAR 22 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J POOD INSTALLATIONS INC

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

P04000000909

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

ARTICLE VII THE OFFICERS OF THE CORPORATION ARE AS FOLLOWS:

PRESIDENT/VICE PRESIDENT/TREASURER: JASON POOD 366 SE DALVE AVE., PORT ST LUCIE,

SECRETARY: KEITH SMITH

(Attach additional pages if necessary)

If an amendment provides for 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)

SHARES ARE RECLASSIFIED AS FOLLOWS:

JASON POOD WILL HAVE 30 SHARES OF 100 AUTHORIZED

KEITH SMITH WILL HAVE 10 SHARES OF 100 AUTHORIZED

(continued)

The date of each amendment(s) adoption: MARCH 18, 2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

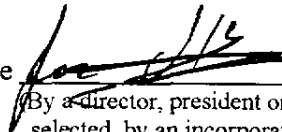
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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
_____"
(voting group)

- ☒ 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.

Signed this 18 day of MARCH, 2004.

Signature



(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)

JASON POOD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35