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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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6/3/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GUARANTEED INSTALLATIONS INC. +

DOCUMENT NUMBER: P04000055733 +

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

Please return all correspondence concerning this matter to the following:

LAURA DECICCO
(Name of Contact Person)

GUARANTEED INSTALLATIONS INC.
(Firm/ Company)

5039 W. RIO VISTA AVENUE
(Address)

TAMPA, FL 33634
(City/ State and Zip Code)

For further information concerning this matter, please call:

LAURA DECICCO at (813) 883-3140
(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

☒ \$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)

Mailing Address

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
of

GUARANTEED INSTALLATIONS INC.

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

P04000055733

(Document Number of Corporation (if known))

FILED
09 JUN -1 PM 28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5039 W. RIO VISTA AVENUE

TAMPA, FL 33634

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5039 W. RIO VISTA AVENUE

TAMPA, FL 33634

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

5039 W. RIO VISTA AVENUE

(Florida street address)

TAMPA

(City)

, Florida 33634

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES.	JASON D. DECICCO	12107 SNEAD PLACE TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	LAURA R. DECICCO	12107 SNEAD PLACE TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO	LAURA R. DECICCO	12107 SNEAD PLACE TAMPA, FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ARTICLE II PLACE of BUSINESS ADDRESS 5039 W. RIO VISTA AVENUE, TAMPA, FL 33634

ARTICLE II MAILING ADDRESS of CORPORATION 5039 W. RIO VISTA AVE. TAMPA, FL 33634

ARTICLE V ADDRESS of REGISTERED AGENT 12107 SNEAD PLACE, TAMPA, FL 33624

ARTICLE VI ADDRESS of INCORPORATOR 12107 SNEAD PLACE, TAMPA, FL 33624

ARTICLE VII ADDRESS OF INITIAL OFFICERS 12107 SNEAD PLACE, TAMPA, FL 33624

F. If an amendment provides for an 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)

LAURA R. DECICCO 75%

JASON D. DECICCO 12.5%

GARY W. ROSENBERGER 12.5%

CONTINUATION

Amendment of Officers:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>GARY W. ROSENBERGER</u>	15108 Naturewalk Dr. Tampa, FL 33624	ADD
<u>COO</u>	<u>JASON D. DECICCO</u>	12107 Snead Place Tampa, FL 33624	ADD

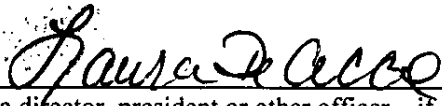
The date of each amendment(s) adoption: MARCH 13, 2009

Effective date if applicable: MARCH 13, 2009
(no more than 90 days after amendment file date)

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 _____.”
(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.

Dated MARCH 13, 2009

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)

LAURA R. DECICCO
(Typed or printed name of person signing)

VP
(Title of person signing)