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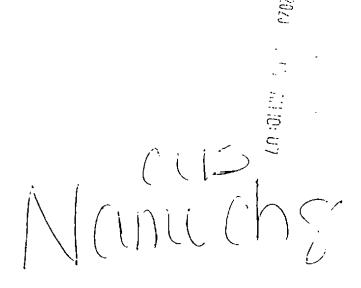
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations A-I Door Systems INC PO4000077825 NAME OF CORPORATION: _ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 13300 COUNTY ROAD 13 NORTH

Address

SAINT AGUSTINE FLORIDA 32092

City/ State and Zip Code Dwid & Aldors FNC. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID ECKES at (904) 327-7206

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

TO: Amendment Section

S43.75 Filing Fee & Certificate of Status

☐\$43.75 Filing Fee & Certified Copy (Additional copy is

enclosed)

Certificate of Status Certified Copy (Additional Copy is enclosed)

□\$52.50 Filing Fee

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	as currently filed with the Florida Dept. of State)
A-1 Doak Syster	ms JNC
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statts Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation of the corp	oration: TNC The new oration," "company," or "incorporated" or the abbreviation "Corp.,"
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviat	r "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	$\frac{N/A}{SS}$
	- <u>2</u> .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
•	- O: O:
D. If amending the registered agent and/or registered new registered agent and/or the new registered office	office address in Florida, enter the name of the
	N/A
Name of New Registered Agent	7.0/21
New Registered Office Address:	(Florida street address) VA , Florida
((City) (Zlp Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the position.
	e of New Registered Agent, if changing
Signature	e of New Registered Agent, if changing
Check if applicable	•

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO = President, Treasurer, Di Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or I if neces, rector tit Presiden Chief F rector wo I in the fo	Director being adsary) le by the first lette t; T= Treasurer; inancial Officer, ould be PTD, ellowing manner, vorporation, Sally	dded: er of the office title: S= Secretary: D= Dire If an officer/director ho Currently John Doe is v Smith is named the V o	f each officer/director being removed and title, name, a rector: TR= Trustee: C = Chairman or Clerk; CEO = Chairman or Clerk; CEO = Chairman or than one title, list the first letter of each office he is listed as the PST and Mike Jones is listed as the V. There and S. These should be noted as John Doe, PT as a Chang	nie da
Example: X Change	<u>PT</u>	John Doe			
X Remove	\underline{V}	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change		_	N A		
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Remove					
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ovisions for im	provides for an plementing the	<u>amendmen</u>	reciassificati	ained in the	e amendmer	<u>it itself:</u>	<u>.</u> .	
(if not applice	able, indicate N/s	1)						
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The date of each amendment(s) adoption: D 13 20 if other than the date this document was signed. D 13 20 if other than the date this document was signed. D 13 20 if other than the date if applicable: Ino more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):
by
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)
DAVID ECKES
(Typed or printed name of person signing)
(Title of person signing)