

P05000046772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

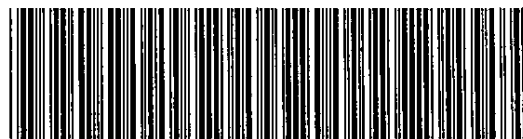
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Made
corrections
per Davina
Spehner
05/25/17
JC

Office Use Only



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04/28/17--01029--029 **35.00

17 MAY 22 AM 10:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend.

MAY 25 2017

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2017

DAVINA SPENCER
511 E JOHN CARPENTER FREEWAY
SUITE 600
IRVING, TX 75062

SUBJECT: CUSTOM FAB, INC.
Ref. Number: P05000046772

We have received your document for CUSTOM FAB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 817A00008545

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

17 MAY 22 PM 4:34

00 CIVIL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Custom Fab, Inc.
P05000046772

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Davina Spencer

Name of Contact Person

Forterra, Inc.

Firm/ Company

511 E John Carpenter Freeway, Suite 600

Address

Irving, TX 75062

City/ State and Zip Code

davina.spencer@forterrabp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Davina Spencer

Name of Contact Person

at (469) 262-6906

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
CUSTOM FAB, INC.

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

P05000046772

(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:

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)

511 E JOHN CARPENTER FREEWAY

SUITE 600

IRVING, TX 75062

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

511 E JOHN CARPENTER FREEWAY

SUITE 600

IRVING, TX 75062

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

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

17 MAY 22 AM 10:36
SECRETARY OF STATE
TALLAHASSEE 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.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>CHRISTOPHER M. COMINS</u>	<u>6413 PINECASTLE BLVD.</u> <u>UNIT #3</u> <u>ORLANDO, FL 32809</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>HOLLY PORTER</u>	<u>6413 PINECASTLY BLVD.</u> <u>UNIT #3</u> <u>ORLANDO, FL 32809</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO, D</u>	<u>JEFFREY K. BRADLEY</u>	<u>511 E JOHN CARPENTER FWY</u> <u>SUITE 600</u> <u>IRVING, TX 75062</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO, V</u>	<u>WILLIAM M. BROWN</u>	<u>511 E JOHN CARPENTER FWY</u> <u>SUITE 600</u> <u>IRVING, TX 75062</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S, V</u>	<u>LORI BROWNE</u>	<u>511 E JOHN CARPENTER FWY</u> <u>SUITE 600</u> <u>IRVING, TX 75062</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>WILLIAM KERFIN</u>	<u>511 E JOHN CARPENTER FWY</u> <u>SUITE 600</u> <u>IRVING, TX 75062</u>

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 4/13/2016
(no 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 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 4/27/2017

Signature Lori Browne

(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)

LORI BROWNE

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)