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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIVESTAF	R GLASS, INC.	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBER: P05000093511			
The enclosed Articles of Amendment and fee a	re submitted for filin	ng.	
Please return all correspondence concerning thi	s matter to the follo	wing;	
P. MICHAEL VILLALOI	BOS		
Name o	of Contact Person		
FIVESTAR GLASS, INC.			
Fir	m/ Company		
1705 Colonial Blvd, Suite	e C-4		
	Address		 _
January FORT MYERS, FL 3390	Address 77 Sala Section 1979 tate and Zip Code 1979 Take 1997 6 (1997)	n open a logares	
City/ Si	tate and Zip Code		
M.VILLALOBOS@HAC	EL NET	TENDERMANDET HERROSCH	
E-mail address: (to be use	d for future annual repo	rt notification)	
For further information concerning this matter,	please call:		•
P. MICHAEL VILLALOBOS	at (239	333-2033	
Name of Contact Person	Area Code	e & Daytime Teleph	ione Number
Enclosed is a check for the following amount m	nade payable to the F	Florida Departme	ent of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional co- 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	Division of Co	s received and reportations are Center Circle	

Articles of Amendment to Articles of Incorporation of

FIVESTAR GLASS INC.

4

(Name of Corporation as cu	irrently filed with the	Florida Dept. of Sta	te)
P05000093511			
	Number of Corporation	(if known)	
Pursuant to the provisions of section 607. following amendment(s) to its Articles of In		this Florida Profit	Corporation adopts the
A. If amending name, enter the new nam	e of the corporation:		
The new name must be distinguishable "incorporated" or the abbreviation "Corp" ("Co". A professional corporation nassociation," or the abbreviation "P.A."	o.," "Inc.," or Co.,"	or the designation "	Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address)			I NOV L
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			15 PH 2: 07 ARP & STATE SSEE, FLORIDA
D. If amending the registered agent and/ new registered agent and/or the new r			er the name of the
Name of New Registered Agem.	1705 Colonial	Dlud Suita C 4	
New Registered Office Address:		Blvd, Suite C-4 street address)	_
	FORT MYERS	····	_, Florida_33907
		City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registed position.			ot the obligations of the
-	Signature of New Re	gistered Agent, if cha	nging

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>	<u>۔</u>	Address_	
1)P	ROBERT DeSANTIS	13850 TF	EELINE AVE. S., SUITE 5	
- /		FORT MYER	S, FL 33913	
2) <u>D</u>	KENNETH A BERDICK MD	13850 TF	REELINE AVE. S., SUITE 5	
3) Sec_	MICHAEL VILLALOBOS		EELINE AVE. S., SUITE 5 ERS, FL 33913	
4)				
5)				
6)				
If REMOVING removed:	an officer and/or director, please lis	t the title(s) and	I name of the officer/dir	ector to be
Title(s)	<u>Name</u>	<u> Fitle(s)</u>	<u>Name</u>	
1) <u>P</u>	MICHAEL STEWART	4)		
2) <u>VP</u>	BROOKS R SWANSON	5)		
3)	,	6)		

(attach	additional sheets,	if necessary).	(Be specific)			
						
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. <u>If an a</u>	mendment prov	ides for an exenting the amo	change, reclassi	fication, or can	cellation of iss	ued share
provis	nmendment prov sions for impleme not applicable, in	enting the amo	change, reclassi	fication, or can ontained in the	cellation of iss	ued share tself:
provis	ions for impleme	enting the amo	change, reclassi endment if not c	ication, or can ontained in the	cellation of iss	ued share itself:
provis	ions for impleme	enting the amo	change, reclassi endment if not c	ication, or can ontained in the	cellation of iss	ued share tself:
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The date of each amendmen	t(s) adoption: 11-08-2011
Effective date <u>if applicable</u> :	11-08-2011 (date of adoption - required)
Directive date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen ed 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_11-	08-2011
Signature _	Ph Wydon
(B)	y a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	P. MICHAEL VILLALOBOS
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)