PO6000054854

(Req	uestor's Name)	
· (Addi	ress)	
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(City/	/State/Zip/Phone	e #)
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C. **LEWIS**NOV 1 8 2013

EXAMINER



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _ P0600054854 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mike Brookshire
Name of Contact Person Mikes siding Inc
Firm/Company Firm/ Company

133 Catawba T-1

Address

Crawford ville FL 32327

City/ State and Zip Code Mikebsiding Qyaho, com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mike Brookshipe Name of Contact Person at (<u>850</u>) <u>45 9 - 44 83</u> 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 & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



Articles of Amendment to Articles of Incorporation of

13 NOV 18 PM 2: 40

Mikes siding Inc	SECRETAL OF STATE
(Name of Corporation as currently filed with the Florida Dept. of State)	PALLAHADSEL FLORIDA
PD6000054854	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corpo word "chartered," "professional association," or the abbreviation "P.A."	rporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address: Name of New Registered Agent Mike Brookshire	ame of the
Name of New Registered Agent Mike Brookshire 133 Catawba Trl (Florida street address)	
New Registered Office Address: Crawforduilk FL, Florie	da 37327 (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 obligati	ions of the position.
mu Bu	
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)

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: X Change	PT John Doe	·
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith.	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	*D Dystin Ledford	
X Add		Crawfordui'lle RL
Remove		32327
2) Change	D James Fonteno	· • · · · · · · · · · · · · · · · · · ·
Add		Crawforduille FC
Remove		32327
3) Change		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Ramovo		

Attach additional sheets, if necessary).					
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f an amendment provides for an exch provisions for implementing the ame	ndment if not co	atton, or can intained in th	e amendmen	<u>ssueu suares</u> t itself:	ב
(if not applicable, indicate N/A)				********	
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7					
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		1 Page La
The date of each amendment(s) adoption:	11-18-13	13 NOV 18 PM 2: 41
Effective date if applicable:		Chambers of the State of State
	(no more than 90 days after amendment	file data AHASSEE BOOM
		and the second s
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		or the amendment(s)
	the shareholders through voting groups. The ng group entitled to vote separately on the a	
	nendment(s) was/were sufficient for approval	•
by	voting group)	** -*
(r	voting group)	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder act	ion and shareholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action a	nd shareholder
Dated	2013	
Signature		
	resident or other officer – if directors or office icorporator – if in the hands of a receiver, true	
appointed fiducia	ary by that fiduciary)	istee, or other court
	Mike Brookshire (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
<u>-</u>	Owner	
	(Title of person signing)	