Polo000054854

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C. GOLDEN SEP 2 4 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BQ Exterior IAC P060000 54854 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mike Brasks Liz Name of Contact Person Firm/ Company 133 Catawba Tr/
Address

Crawfordulle FC 32327

City/ State and Zip Code Miks bs cling Qyahes. com
E-mail address: (to be-dsed for future annual report notification) For further information concerning this matter, please call: at (<u>850</u>) <u>459 - 4483</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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

Articles of Amendment to Articles of Incorporation of

2018 SEP 24 AM 9: 49

9 70	Entacino	int.	. ,	FERETAND
(Name of	Corporation as curren	tly filed with the	Florida Dept. of State	AHASSEE, FI OP
				CONT
70,000	5 7 85 9 (Document Number)	of Corporation (if	known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit C	Corporation adopts the	tollowing amendment(s) t
A. If amending name, enter the new nan	ne of the corporation:			
				The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	rion "Corp." "Inc." or	"Co". A profess	or "incorporated" of ional corporation name	or the abbreviation ne must contain the
B. Enter new principal office address, if (Principal office address <u>MUST BE A STI</u>				
C. Enter new mailing address, if applications (Mailing address MAY BE A POST O.)	able: FFICE BOX)			
D. If amending the registered agent and new registered agent and/or the new			enter the name of the	
Name of New Registered Agent		_ 		
-	(Florida s	areet address)		
			, Florida	
New Registered Office Address:		(City)	, 17101104	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registed	anging Registered Ager red agent. I am familia	nt: r with and accept	the obligations of the p	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)

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.

X Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	e 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	_D	Warren Schutte	173 Catarda WI
Add			Cranfordville FC
<u></u> Remove			32327
2) Change		Christian Perkall	137 Catanila II
<u></u> √2 Add			Crawfordville PC
Remove			32327
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Remove			

, temon manning site	ng additional Article ets, if necessary). (Be specific)			
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				<u></u>	
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			11. 42.	er	
If an amendment pr provisions for impl	ementing the amend	<u>19e, reclassification</u> Iment if not contain	i, or cancellation of red in the amendm	ent itself:	
(if not applicabl	le, indicate N/A)				
					 -
,					

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: 9-74-14 (no more than 90 days after amendm	
(no more than 90 days after amendn	ient file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	The following statement he amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for appro-	oval
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated 9-24-18	
Signature MM BM	
Signature MM BU (By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	officers have not been trustee, or other court trustee.
(Typed or printed name of person sign	Brookshire.
President (Title of person signing)	
(Title of person signing)	