POWD 7543/

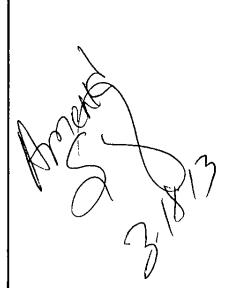
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANTHONY Screen Repair INC				
DOCUMENT NUMBER: 20600075431				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
LINDEL THOMPSON Name of Contact Person				
Firm/ Company				
4831 NW 16 COURT				
LAUDERHILL FL 33313				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LINDEL THOMPSON at 954, 696-3294 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Amendment Section				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of	18/1/3/2 49 3. I
ANTHONY Screen ROPAIR + MC.	1387 OF 17
(Name of Corporation as currently filed with the Florida Dept. of State)	(05/5
PO 66000 75:431	"WA
(Document Number of Corporation (if known)	

endment(s) to

(Document Number of	of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this F	lorida Profit Corporation ado	pts the following a	ımendmeı
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered." "professional association," or the	p," "Inc," or "C	o". A professional corporati	ated" or the abb	
B. Enter new principal office address, if applicab	la.	34/2 18		
(Principal office address MUST BE A STREET AD		3 -		
<u></u>	,	10-11-12-1		
		·		
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)			
			·	
				
D. If amending the registered agent and/or regist	ered office addre	ss in Florida, enter the name	of the	
new registered agent and/or the new registere	d office address:			
Name of New Registered Agent				
	••			
	(Florida stree			•
	irioriaa siree	a adaress)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Re		ah and manne she at the stand	. f. el	
I hereby accept the appointment as registered agent.	i am jamuiar wi	ın ana accept the obligations (oj ine position:	
		 		
Signature of ?	Vew Registered Ag	gent, 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:	. ana san	y Smiin, Sv us un Auu.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	SAINTADIOU P. FRANCISE	Landerdales lakes
<u>✓</u> Add		•	Landerdalos lakos
Remove			355/3
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Artinal sheets, if necessary).	(Be specific)		
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•		·		
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	V			
	<u> </u>			
lf an amendm	ent provides for an exch	ange, reclassification	on, or cancellation of	f issued shares.
provisions for	implementing the ame	ndment if not conta	ined in the amendm	ent itself:
(if not app	olicable, indicate N/A)			
		WA		
	•	/ / /		
				,

The date of each amendment(s) adoptio	n: <u> </u>	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficier	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
Dated 2 - 27	-2013	
selected, by a	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	