07000113118

| (Re | equestor's Name) | |
|-------------------------|-----------------------|--------|
| (Ac | ldress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Name) | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | Office Use Only | |



800154296838

05/01/09--01010--013 **35.00

OS MAY - I AM 9: 00
SECRETARY OF STATE
TAKLAHASSEF FIRE

C.COULLIETTE

MAY 0 7 2009

EXAMINER

COVER LETTER •

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: TOP Notch Carpentry Of SWF, IV |
|--|
| DOCUMENT NUMBER: P07000113118 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Lindsey Bryant (Name of Contact Person) |
| Top Notch Carpentry of SWF, Inc |
| P.O. BOX 150597 (Address) |
| Cape Coval, FC 33915 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (230) 242-1029 (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 & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of Tap Notch Carpenty Of SWF, Inc.

| (Name of Corporation as currently filed with the Plorida Dept. of State) |
|--|
| P07000113118 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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 und 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) 33965 ESBECT |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Cape Grou, FL 33915 |
| 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: |
| New Registered Office Address: (Florida street address) |
| (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: |
| 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

| II amendii | mg the Officers and/or Director | s, enter the title and name of each (| officer/director being |
|-------------------|--|--|---------------------------------------|
| removed a | and title, name, and address of ditional sheets, if necessary) | each Officer and/or Director being | <u>added:</u> |
| (Attach aa | amonai sneets, ij necessary) | | |
| <u>Title</u> | Name | <u>Address</u> | Type of Action |
| | <u> </u> | | |
| | · | | |
| | | | |
| | | | |
| | | | Remove |
| | | | <u>—</u> |
| | | | 🗖 Add |
| | | | — |
| | | | |
| | | | |
| E. <u>If amen</u> | iding or adding additional Arti | cles, enter change(s) here: | |
| (attach c | additional sheets, if necessary). | (Be specific) | |
| | | | 1 |
| | | | |
| | the desired transfer and the second transfer and | | |
| | | | |
| | | | |
| | | | ···· |
| | | | |
| | | ************************************** | · · · · · · · · · · · · · · · · · · · |
| | | | , |
| | | | |
| | | | |
| | | | |
| F. <u>If</u> an a | mendment provides for an excl | hange, reclassification, or cancellat | ion of issued shares. |
| | | ndment if not contained in the ame | |
| | not applicable, indicate N/A) | | · |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **** | | | |

| The | date of each amendment(s) adoption: |
|-----|---|
| | ective date if applicable: 4-29-09 |
| | (no more than 90 days after amendment file date) |
| Ado | option 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 29 09 |
| | Signature (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) |
| | Und Sey Bryan + (Typed or printed name of person signing) |
| | VICE OVESICED + (Title of person signing) |
| | (i indoi beison signing) |