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(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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(Do	ocument Number)	
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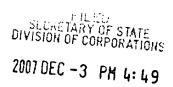
12/04/07--01003--004 **35.60

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF C	ORPORATION:	SUPERLATIV	VE INSTALL SOLUTIONS, INC	<u>. </u>
DOCUMENT	ΓNUMBER: P070	000125776		
The enclosed.	Articles of Amendi	nent and fee ar	e submitted for filing.	
Please return a	all correspondence	concerning this	matter to the following:	
	ROY LEE BENN			
		(Name of	f Contact Person)	
	SUPERLATIVE	INSTALL SO	DLUTIONS, INC.	
	**************************************	(Firm	n/ Company)	
	45 EVANS AVEN	NUE		
		(Address)	
	CRAWFORDVILL	E, FL 32327		
		(City/ Sta	ate and Zip Code)	
For further inf	formation concerning	ng this matter, p	please call:	
ROY LEE BE	 		at (<u>850</u>) 508-0640	
(Name of Contact Person	on)	(Area Code & Daytime Te	lephone Number)
Enclosed is a	check for the follow	ving amount:		
☑ \$35 Filing Fee		ing Fee & e of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Division P.O. B	Ig Address Idment Section on of Corporations ox 6327 assee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	e

Articles of Amendment to Articles of Incorporation of



CHIDEOL	ATIME	INSTALL	COLL	ITIONS	INIC
SUPERL	A LIVE	INO MLL	. OULL	JIIONS.	INC.

P07000125776
(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:
NEW CORPORATE NAME (if changing):
N/A
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
TITLE CCEO: CHRISTINA M. GRIFFITHS, 45 EVANS AVE. CRAWFORDVILLE, FL 32327
TITLE TCFO: ROY L. BENNITT, 45 EVANS AVE. CRAWFORDVILLE, FL 32327
TITLE DCOO: KENNETH L. PITTS, 45 EVANS AVE. CRAWFORDVILLE, FL 32327
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
(continued)

The date of each amendment(s) adoption: 12/02/2007 Effective date if applicable: 12/02/2007		
Adoption of Amendment(s)	(CHECK ONE)	
) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	
) was/were approved by the shareholders through voting groups. The nt must be separately provided for each voting group entitled to vote amendment(s):	
"The number of	of votes cast for the amendment(s) was/were sufficient for approval by	
	(voting group)	
) was/were adopted by the board of directors without shareholder action was not required.	
The amendment(s shareholder action) was/were adopted by the incorporators without shareholder action and was not required.	
sele	director, president or other officer - if directors or officers have not been orted, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
RO	DY LEE BENNITT	
	(Typed or printed name of person signing)	
DI	RECTOR / CFO / RA	
	(Title of person signing)	

FILING FEE: \$35