## P08000012290

| (Re                     | questor's Name)        |           |
|-------------------------|------------------------|-----------|
| (Ad                     | dress)                 |           |
| . (Ad                   | dress)                 |           |
| (Cit                    | ,<br>y/State/Zip/Phone | · #)      |
| PICK-UP                 | ☐ WAIT                 | MAIL MAIL |
| (Bu                     | siness Entity Nam      | ne)       |
| (Do                     | cument Number)         | ······    |
| Certified Copies        | _ Certificates         | of Status |
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SECRETARY OF STATE
TALLAHASSEE, FLORID
TALLAHASSEE, FLORID

Mame ch 8 (10) 11/10/09

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

| NAME OF CORP                                       | oration: <u>Window (</u>                   | Concepts of NW Fl  | orida, Inc (+0<br>NIC   |
|--|--|--|---|
| DOCUMENT NUI                                       | MBER: <u>P080000</u>                       | 12290  | 147 117   |
| The enclosed Articl                                | es of Amendment and fee a                  | re submitted for filing.   |   |
| Please return all cor                              | respondence concerning thi                 | s matter to the following:   |   |
| _  | Rebecca St                                 | ane of Contact Person  |   |
| -  | LIC of PC                                  | B. Inc. Firm/ Company  |   |
| -  | 107 Amar Pl                                | ace Suite 100  |   |
| -  | Panama City                                | Beach, FL 32 ity/ State and Zip Code                                       | 413   |
|  | E-mail address: (to be used                | d for future annual report notification)                                   | <del></del> .   |
| For further information                            | tion concerning this matter,               | please call:   |   |
| Rebecca  | Stanford of Contact Person                 | at ( <u>850</u> ) <u>496 - 16</u><br>Area Code & Daytime Tele              | phone Number  |
| Enclosed is a check                                | for the following amount m                 | nade payable to the Florida Departr  | ment of State:  |
| \$35 Filing Fee                                    | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)           | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enc |
| Mailing Ad<br>Amendment<br>Division of P.O. Box 63 | Section<br>Corporations                    | Street Address Amendment Section Division of Corporations Clifton Building |   |

2661 Executive Center Circle

Tailahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Window Concepts   |                            | orida Inc.                                 |
|---|----------------------------|--|
| (Name of Corporation as curre   | ntly filed with the Floric | la Dept. of State)                         |
| <u> 1908000012290</u>   |                            | · · · · · · · · · · · · · · · · · · ·      |
| (Document Num   | ber of Corporation (if kno | own)                                       |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:   | , Florida Statutes, this F | Florida Profit Corporation adopts the foll |
| A. If amending name, enter the new name of  | the corporation:           |  |
| HIC of PCB. Inc.  |                            | The new                                    |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the chame must contain the word "chartered," "prof | designation "Corp," "In    | c," or "Co". A professional corporation    |
| B. Enter new principal office address, if appl<br>(Principal office address <u>MUST BE A STREE</u> )                                      |                            |  |
|   |                            |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC   | <u>(E BOX</u> )            |  |
| D. If amending the registered agent and/or renew registered agent and/or the new regis  |                            | in Florida, enter the name of the          |
| Name of New Registered Agent:   |                            |  |
| New Registered Office Address:  | (Florida street            | address)                                   |
| _   |                            | , Florida                                  |
|   | (City)                     | (Zip Code)                                 |
| New Registered Agent's Signature, if changin I hereby accept the appointment as registered as   | gent. I am familiar with   |  |
| Si  | gnature of New Registers   | ed 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)

| <u>Title</u> | Name  | Address  | Type of Action          |
|--------------|---|--|-------------------------|
| <del></del>  |   |  | ☐ Add<br>☐ Remove       |
|              |   |  | ☐ Add<br>☐ Remove       |
|              |   | A  | _                       |
|              | ng or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets) |  |                         |
| ,            |   |  |                         |
|              |   |  |                         |
|              |   |  |                         |
| provision    | ndment provides for an exchange, reclass for implementing the amendment if napplicable, indicate N/A) | nssification, or cancellation of issociation of iss | sued shares,<br>itself: |
|              |   |  |                         |
|              |   |  |                         |
|              | · · · · · · · · · · · · · · · · · · ·   |  |                         |

| The date of each amendment(                            | s) adoption: 11/4/09  |
|--|---|
|  | (date of adoption is required)  |
| Effective date <u>if applicable</u> :                  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                               | ( <u>CHECK ONE</u> )  |
| The amendment(s) was/were by the shareholders was/were | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.  |
|  | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes c                                 | ast for the amendment(s) was/were sufficient for approval   |
| by   | (voting group)  |
| l  | (voting group)  |
| action was not required.                               | e adopted by the board of directors without shareholder action and shareholder  |
| action was not required.                               | e adopted by the incorporators without shareholder action and shareholder   |
| Dated  | 11/4/09   |
| Signature  | Livecia Stanford  |
| selec  | a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary) |
|  | Rebecca Stanford (Typed or printed name of person signing)  |
|  | Provident   |
|  | (Title of person signing)   |