108000046643

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500176998235

04/23/10--01044--020 **43.75

Amons

SECRETARY OF STATE

FILED



corrected troubed FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2010

STEPHANIE E. WEST EAGLE EXTERIORS OF NORTH FLORIDA, INC. **522 EAST MACCLENNY AVE** MACCLENNY, FL 32063

SUBJECT: EAGLE EXTERIORS OF NORTH FLORIDA, INC.

Ref. Number: P08000046643

We have received your document for EAGLE EXTERIORS OF NORTH FLORIDA, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please show title for officer being added.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Spécialist II

Letter Number: 710A00010395

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Cagle Exteriors of M. FL, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephonio E. Lulest Name of Contact Person
Eagle Enteriors of D. Fl. Inc. Firm/Company
522 East Marclenny Luc.
Mocclenny, PL 3203 City/ State and Zip Code
Stephan Ceaglextenars net E-mail address: (to boused for future annual report notification)
For further information concerning this matter, please call:
Stephania Usest at (904) 259-8212 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) \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

VOSCOOH6643 (Document Numb			,	1429 12.
(2004	per of Corporation (if known	own)		MAY 10 PM 12: 1
suant to the provisions of section 607.1006, endment(s) to its Articles of Incorporation:	Florida Statutes, this F	Torida Prof	it Corporatio	n adopts the follow
If amending name, enter the new name of	the corporation:			
				The new
ne must be distinguishable and contain the previation "Corp.," "Inc.," or Co.," or the a ne must contain the word "chartered," "profe	designation "Corp," "In	c," or "Co"	'. A professi	porated" or the onal corporation
Enternow principal office address if appli	aahla		1	1
Enter new principal office address, if appli		· · ·		
incipal office address <u>MUST BE A STREET</u>	ADDRESS)			
incipal office address <u>MUST BE A STREET</u>	ADDRESS)			
incipal office address <u>MUST BE A STREET</u>	<u>'ADDRESS</u>) 			
incipal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	· · · · · · · · · · · · · · · · · · ·		
	<u>'ADDRESS</u>) 	·······		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC				
Enter new mailing address, if applicable:				
Enter new mailing address, if applicable:				
Enter new mailing address, if applicable:				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or re	E BOX)	in Florida,	enter the nan	ne of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	in Florida,	enter the nan	ne of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered.	E BOX)	in Florida,	enter the nan	ne of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or re	E BOX)	in Florida,	enter the nan	ne of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered agent.) Name of New Registered Agent:	gistered office address ered office address:	<u> </u>	enter the nan	ne of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered.	E BOX)	<u> </u>	enter the nan	ne of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered agent.) Name of New Registered Agent:	gistered office address ered office address:	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered agent.) Name of New Registered Agent:	gistered office address ered office address: (Florida street	address)	, Florida	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC If amending the registered agent and/or renew registered agent and/or the new registered agent.) Name of New Registered Agent:	gistered office address ered office address:	address)		

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) ·Title Address Name **Type of Action** T Remove □ Add ☐ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption: 22,2010
(date of adoption is required)
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. 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 stateme 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 shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated April 22, 2010
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)
(Typed or printed name of person signing)
(Title of person signing)