## 808000087603

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DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	Architectural Finish Systems Inc		
DOCUMENT NU	MBER:	P08000087603		
The enclosed Artic	les of Amendment and fee	are submitted for filing.		
Please return all co	rrespondence concerning th	nis matter to the following:		
	James S. Browning, Jr			
	1	Name of Contact Person		
	Architectural Finish Systems Inc			
Firm/ Company				
	12900 34th St N			
		Address		
Clearwater, FL 33762  City/ State and Zip Code				
_	E-mail address: (to be us	floridapowdercoater.com ed for future annual report notification)		
For further informa	ation concerning this matter	, please call:		
Jo	seph O'Rourke	at ( 727 ) 561-9334		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	k for the following amount	made payable to the Florida Department of State:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)		
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

SECRETARY OF DIVISION OF CORPO	STATE	•
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	of	OF CORPORATIONS
Architectural F	Finish Systems Inc	09 JUL 10 AM 9: 43
(Name of Corporation as curren	tly filed with the Florida Dep	t. of State)
P080	00087603	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the follow
A. If amending name, enter the new name of t	he corporation:	
		The new
ame must contain the word "chartered," "profestate and must contain the word "chartered," "profestate and must contain the word "chartered," "profestate and a second and a se	cable: ADDRESS )  E BOX  gistered office address in Flori	
· · · · · · · · · · · · · · · · · · ·	i ou office aduless.	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	(Florida street address	·)
_	······································	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		

## 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>	<u>Name</u>	Address	Type of Action
P	Solomon Wainberg, CPA	12900 34th St N Clearwater, FL 33762	
<u>P</u>	James S. Browning, Jr	12900 34th St N Clearwater, FL 33762	Add Remove
			= _
	ling or adding additional Articles, ent additional sheets, if necessary). (Be spe		
provisio	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amendmen	issued shares, nt itself: