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2017 NOV 13 PM 4: 14

C. GOLDEN NOV 1 4 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

	Carron a Carron Tur			
NAME OF CORPORATION:	STOCKBARGER GLASS, INC.			
DOCUMENT NUMBER:	STOCKBARGER GLASS, INC. P08000101986			
The enclosed Articles of Amendmen	and fee are submitted for filing.			
Please return all correspondence con	cerning this matter to the following:			
	TADD STOCKBARGER Name of Contact Person			
	STOCKBARGER GLASS, INC.			
	Firm/ Company			
	24050 TISEO BLUD UNITI			
	Address			
	PORT CHARLOTTE, FL 33980 City/ State and Zip Code			
 	City/ State and Zip Code			
	stockburger @ asl. com			
E-mail a	ddress: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
TADD STOCKBARG	at (941) 629-4333 Area Code & Daytime Telephone Number			
Name of Contact Per	son Area Code & Daytime Telephone Number			
Enclosed is a check for the following	g amount made payable to the Florida Department of State:			
-	Filing Fee & Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corpo P.O. Box 6327				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

FILED

Articles of Amendment to

2017 NOV 13 PH 4: 15

	to		2011	89113 111411
	Articles of Inco of	rporation		***
	STUCKBARBER	GLACE	TNO	i i i i i i i i i i i i i i i i i i i
	Corporation as currently			
(Many of C		0101486		•
	(Document Number of C		own)	
Pursuant to the provisions of section 607.100		•	·	allowing amondment(s)
its Articles of Incorporation:	oo, rioriga Statutes, tins F	<i>онии гтоји</i> Согр	oration adopts the n	mowing amendment(s)
A. If amending name, enter the new name	e of the corporation:			
	NIA			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A profession		
B. Enter new principal office address, if a (Principal office address MUST BE A STR		<u> </u>	·	
				
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		NJA		
•				
D. If amending the registered agent and/o new registered agent and/or the new r		ss in Florida, ente	er the name of the	
Name of New Registered Agent	TADD STE	KKBARGER	•	
	24050 T	ISEO BLU	D UNIT 1	
	(Florida stree	•		
New Registered Office Address:	FORT CHARLE	TE	, Florida	33980
	((City)	<u> </u>	(Zip Code)
New Registered Agent's Signature, if char				
I hereby accept the appointment as registere	ed agent. I am familiar wi	ith and accept the	obligations of the pa	sition.
	4			
1 ~ /- MT	11-	\rightarrow		
(//004/-	+5/-M	riasan dan is	- h i	
	Signature of New Ke	gisiered Ageni, if d	changing	
	/ '	V		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	VP	STICKBARGER, JACKIE	1405 ALGIERS ST
Add			PORT CHARLOTTE, FL
X Remove			33980
2) Change	P	STOCKBARGER, TADO	2143 BENDWAY DR.
Add Remove			PORT CHARLOTTE, FL 33948
3) Khange	VP	STUCKBARGER SPENSER	1405 ALGIERS ST.
Add			PORT CHARLOTTE, FL
Remove			33980
4) Change	D	STOCKBARGER, ERIC	24050 TISED BIND
Add Remove			POLT CHARLOTTE, FL 33980
5) Change			
Add			
6) Change			
Add		·	
Remove			

E. If amending or adding additiona (Attach additional sheets, if necess	Articles, enter change(s) here: ry). (Be specific)	
•	NIA	
		
· · · · · · · · · · · · · · · · · · ·		
		
		· · · · · · · · · · · · · · · · · · ·
<u></u>		
provisions for implementing th	exchange, reclassification, or cance amendment if not contained in the	ellation of issued shares, amendment itself:
(if not applicable, indicate N	*) *//^	
,		
	<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	`
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	èr
Dated 11-8-17	
(By a director, president or other officer - if directors or officers have not t	
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)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	