P0900000842

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Amend Tleurs 3-27-09

COVER LETTER

• TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOAK'S C	<u>USTOM ADDITIONS, IN</u>	C
DOCUMENT NUMBER: P0900000	842	0
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
	LLIAM A MOAK of Contact Person)	
(Name C	of Contact Person)	
(Fir	m/ Company)	
	SE 170TH PLACE	
	(Address)	
	ERFIELD, FL 34491 ate and Zip Code)	
For further information concerning this matter,	please call:	
WILLIAM MOAK	at (<u>352</u>) <u>307-4485</u>	
(Name of Contact Person) Enclosed is a check for the following amount m	(Area Code & Daytime T	•
✓\$35 Filing Fee Status Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle

Articles of Amendment to Articles of Incorporation of

FILED 09 MAR 23 PM 12: 06

	STOM ADDITIONS, INC rrently filed with the Florida Dept. of St.	SECRETARY OF STATE
	9000000842	
	umber of Corporation (if known)	-
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inc.		Corporation adopts the
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."		'Corp," "Inc," or
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/or new registered agent and/or the new re		ter 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 change I hereby accept the appointment as register position.		pt the obligations of the
_	Signature of New Registered Agent, if cha	anging

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	<u>Address</u>	Type of Action
<u>D</u>	DAVID J. MOAK	9820 SE 170TH PL SUMMERFIELD, FL 34491	
	ding or adding additional Articled distribution of the distributio		
<u>provisi</u>		ange, reclassification, or cancellation of diment if not contained in the amendme	

The date of each amendment(s) adoption: 03/20/2009		
Effective date if applicable:	03/20/2009	
Effective date <u>Frappicusse</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	are approved by the shareholders through voting groups. The following statement and 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 03/20	0/2009	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	WILLIAM MOAK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	