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| Certified Copies Certificates of Status | <u>. </u> | ; |
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| Special Instructions to Filing Officer | | Ė |
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SECRETARY OF STATE

TALLAHASSEE ELOBBA

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: | REBECCA TAYLOR | |
|---|--|---|---|
| DOCUMENT NU | MBER: | P09000023390 | · . |
| The enclosed Artic | les of Amendment and fee a | re submitted for filing. | |
| Please return all co | rrespondence concerning thi | s matter to the following: | |
| | | EBECCA TAYLOR | |
| | N | ame of Contact Person | |
| | BUSIN | NESS SUPPORT INC. | |
| • | | Firm/ Company | |
| | 417 S | TOWE AVE SUITE A | |
| Address | | | |
| | OBAN | JOE DADIK EL 22072 | , |
| • | | NGE PARK, FL 32073 ity/ State and Zip Code | |
| | REBECCA@F | BIZSUPPORTINC.COM | |
| | E-mail address: (to be use | d for future annual report notification) | |
| For further informa | ation concerning this matter, | please call: | |
| REI | BECCA TAYLOR | at (| 64-1289 |
| Name | of Contact Person | Area Code & Daytime Tele | ephone Number |
| Enclosed is a check | k for the following amount m | nade payable to the Florida Depart | ment of State: |
| | ☐ \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee | t Section Corporations 327 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | 2 |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

WINDOW PROS OF DAYTONA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P09000023390

owing

| (Document Numb | er of Corpora | tion (if known) | | |
|---|----------------|-------------------------------|----------------------------|---------------------------|
| Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation: | Florida Statu | tes, this <i>Florida Pi</i> | rofit Corporation add | opts the folk |
| A. If amending name, enter the new name of | he corporatio | n: | | |
| | N/A | | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe | lesignation "C | Corp, " "Inc," or "C | o". A professional | ed" or the corporation |
| B. Enter new principal office address, if appli | | N/A | ·· | |
| (Principal office address MUST BE A STREET ADDRESS | | | ALL | SEC. |
| | | | A. | \$ |
| | | | | 8 6 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N). | <u>fri</u> s | 9 A |
| | | N/A | 95 | وز بور |
| | | | — SS S | - 8 |
| D. If amending the registered agent and/or remew registered agent and/or the new registered agent and/or the new registered down | | dress: | enter the pame of | t he |
| | | | | |
| <u> 1</u> <u>New Registered Office Address</u> : | 648 SHANO | GRI LA DR ida street address) | | |
| | AYTONA B | • | | 1.2 |
| <u> </u> | (City) | | Florida 3211 (Zip Code) | 14 |
| N D | • | | | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age | ent. I am fam | iliar with and accep | t the obligations of th | e position. |
| ~ K < | 7 | 201 | | |
| Sig | nature of New | Registered Agent, i | 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> | <u>Name</u> | Address | Type of Action |
|-------------------------|---|---|----------------|
| | | | Add Remove |
| | ······································ | | |
| | | | Add Remove |
| (attach add PLEASE C | ng or adding additional Articles, enter of itional sheets, if necessary). (Be specific HANGE THE MIDDLE INITIAL FROM RECTOR AND PRESIDENT OF TI | c) DM A TO D FOR THE REGI | |
| | | | |
| provision | ndment provides for an exchange, reclass for implementing the amendment if napplicable, indicate N/A) | | |
| N/A | | | |
| | | 1/1 de la companya del companya de la companya del companya de la | |
| | | | |
| - | | | |

| The date of each amendmen | t(s) adoption: 6-23-09 |
|--|--|
| Effective date <u>if applicable</u> : | (date of adoption is required) |
| • | (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. |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement of 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_ 6-23 | -09 |
| Signature | The |
| sole | a director, president or other officer — if directors or officers have not been octed, by an incorporator — if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | MARTIN D FANELLI |
| | (Typed or printed name of person signing) |
| | PRESIDENT/REGISTERED AGENT/DIRECTOR |
| | (Title of person signing) |