Division of Corporations **Public Access System** 

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REYNALDO H. GRINSTEIN

Account Number : I20040000171

Phone : (904)779-2777

Fax Number

; (904)779-5088

## COR AMND/RESTATE/CORRECT OR O/D RESIG

## VITALIS DRYWALL INC

| Certificate of Status | 0       |
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10/30/2009

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORE             | ORATION:                                    | VITALIS DRYWALL   | INC  |  |  |
|--------------------------|---|---|--|--|--|
| DOCUMENT NU              | MBER:                                       | P09000057961  |  |  |  |
| The enclosed Artic       | les of Amendment and fee                    | are submitted for filing.   |  |  |  |
| Please return all co     | rrespondence concerning th                  | is matter to the following:                                       | •  |  |  |
|                          |   | YNALDO GRINSTEIN  |  |  |  |
|                          | :   | Name of Contact Person  |  |  |  |
|                          | ARMOR                                       | R INSURANCE AGENCY  |  |  |  |
| ·                        |   | Firm/ Company   |  |  |  |
|                          | 2631-A JAMMES RD                            |   |  |  |  |
| Address                  |   |   |  |  |  |
|                          | JACKS(                                      | ONVILLE, FLORIDA 32210  |  |  |  |
|                          |   | Tity/ State and Zip Code  |  |  |  |
|                          | ALOPO                                       | OCHO@AOL.COM  |  |  |  |
|                          | E-mail address: (to be us                   | ed for future annual report notificatio                           | <u></u>  |  |  |
| For further informa      | ation concerning this matter                | . please call:  |  |  |  |
| REYN                     | IALDO GRINSTEIN                             | at ( 904 )  Area Code & Daytime                                   | 779-2 <b>7</b> 77  |  |  |
| Name                     | of Contact Person                           | Area Code & Daytime   | Telephone Number   |  |  |
| Enclosed is a check      | c for the following amount i                | made payable to the Florida De                                    | partment of State:   |  |  |
| [7] \$35 Filing Fee      | ☐\$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclose | S52.50 Filling Fee Certificate of Status d) Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Ac               |   | Street Address  |  |  |  |
| Amendment Section        |   |   | Amendment Section  |  |  |
| Division of Corporations |   | Division of Corporations<br>Clifton Building                      |  |  |  |
| P.O. Box 6327            |   | 2661 Executive Center Circle                                      |  |  |  |

Tallahassee, FL 32301

| ₫   | Articles of An            | nendment                     |                  |                   |       |
|---|---------------------------|------------------------------|------------------|-------------------|-------|
|   | to                        |                              |                  | 7                 | A\$   |
|   | Articles of Inco          | orporation                   |                  | 40                | W. V. |
| -   | **                        |                              |                  | DOBOCT 30 CE STOR | 1     |
|   | TALIS DRYWALL             |                              | <del></del>      | 75/4 00           | 4     |
| (Name of Corporation  | as currently filed with t | the Florida Dept. o          | f State)         |                   |       |
|   | P09000057961              |                              | ·                | 100 m             | بب    |
| (Docum  | ent Number of Corporati   | ion (if known)               |                  | 0,7               | . P   |
| Pursuant to the provisions of section amendment(s) to its Articles of incorpo |                           | es, this <i>Florida Pr</i> e | ofit Corporation | 77.0              | (3    |
| A. If amending name, enter the new  | name of the corporation   | n:                           |                  |                   |       |
|   |                           |                              |                  | Ti                |       |
| name must be distinguishable and c  | ontain the word "corp     | oration," "compan            | iv." or "incorp  | The new           |       |
| abbreviation "Corp.," "Inc.," or Co.,   | " or the designation "Ĉe  | orp," "Inc," or "Co          | o". A professio  |                   |       |
| name must contain the word "chartered   | t," "professional associa | ition," or the abore         | eviation "P.A."  |                   |       |
| B. Enter new principal office addres  |                           |                              |                  | <b>_</b>          |       |
| (Principal office address MUST BE A   | STREET ADDRESS )          |                              |                  |                   |       |
|   |                           |                              |                  |                   |       |
|   |                           | .———                         | <del></del>      |                   |       |
| C. Enter new mailing address, if ap-  | olicable:                 |                              |                  |                   |       |
| (Mailing address MAY BE A POS   |                           |                              | <del> </del>     | <del></del>       |       |
|   |                           |                              |                  |                   |       |
|   |                           |                              |                  |                   |       |
| D. If amending the registered agent:  | and/ar registered office  | address in Flavida           | antar the name   | a of the          |       |
| new registered agent and/or the n   | ew registered office add  | ress:                        | Citter the name  | E Of the          |       |
| Name of New Registered Agent  |                           |                              |                  |                   |       |
| Nume of New Registerea Agent  | ·                         |                              | <del>-</del>     |                   |       |
| N. B. (1979, 447  |                           |                              |                  |                   |       |
| New Registered Office Address:  | (Florie                   | da street address)           |                  |                   |       |
|   |                           |                              | Florida          |                   |       |
|   | (City)                    |                              | (Zip Code)       |                   |       |
| New Registered Agent's Signature, if  | changing Registered As    | zent:                        |                  |                   |       |
| I hereby accept the appointment as regi                                       |                           |                              | the obligations  | of the position.  |       |
|   |                           |                              |                  |                   |       |
|   | Signature of New 1        | Registered Agent, if         | changing         |                   |       |

If amonding 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             |
|--|---|---|----------------------------|
| <u>D</u>                               | Edgar Barrientos Sr   | 8624 Feldman rd<br>Jacksonville,Florida 32244   | ☑ Add<br>☐ Remove          |
| ······································ |   |   |                            |
|  |   | ***   |                            |
| (ander de                              | dditional sheets. if necessary). (Be  | y ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )   |                            |
|  |   |   |                            |
| provisio                               | nendment provides for an exchange<br>ons for implementing the amendme<br>ot applicable, indicate N/A) | , reclassification, or cancellation of interest of interest of interest of the second men | ssued shares,<br>t itself: |
|  | ·   | •   |                            |
|  |   |   |                            |
|  |   |   |                            |
|  |   |   |                            |

9047795088

| The date of each amendmen                          | t(s) adoption: 10/   | 30/2009   |
|--|--|---|
|  | 10/30/2009   | (clute of adoption is required)   |
| Effective date <u>if applicable</u> :              |  | days after amendment file date)   |
| Adoption of Amendment(s)                           | (CHI   | ECK ONE)  |
| The amendment(s) was/we by the shareholders was/w  |  | shareholders. The number of votes cast for the amendment(s) pproval.  |
| The amendment(s) was/we must be separately provide | ere approved by the ad for each voting;                              | e sharcholders through voting groups. The following statement<br>group entitled to vote separately on the amendment(s):                         |
| "The number of votes                               | cast for the amend   | lment(s) was/were sufficient for approval   |
| by   | (voting group)   |   |
| action was not required.                           |  | board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder                          |
| Dated_10/3   | 30/2009  | <del></del>   |
| (By<br>sel   | y a director, preside<br>ected, by an incorp<br>pointed fiduciary by | ent or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary) |
|  |  | Alejandro E Flores  |
|  | (Тур   | ed or printed name of person signing)   |
|  |  | President   |
|  | (Title of  | person signing)   |