# P09000098801

| (Re                     | equestor's Name)   |             |
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| . (Cit                  | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| <b>-</b>                | . <b>–</b>         | ,<br>,      |
| •                       |                    |             |
| (Bu                     | isiness Entity Nar | me)         |
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| Special Instructions to | Filing Officer:    |             |
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORI         | PORATION: PELLA I   | NSTALLATION SALES & SERVICE                                       | CORP.   |  |  |
|----------------------|---|---|---|--|--|
| DOCUMENT NU          | JMBER:P09000098801  |   | · · · · · · · · · · · · · · · · · ·   |  |  |
| The enclosed Artic   | cles of Amendment and fee a                                 | re submitted for filing.  |   |  |  |
| Please return all co | orrespondence concerning thi                                | s matter to the following:  |   |  |  |
| •                    |   |   |   |  |  |
| •                    |   | MEACHAM   | <u> </u>  |  |  |
|                      | , N   | ame of Contact Person   |   |  |  |
|                      | PELLA INSTALLATI  | ON SALES & SERVICE CORP.  |   |  |  |
|                      |   | Firm/ Company   | **************************************  |  |  |
|                      | DOCH OF   | TTOT DOV. 520222  |   |  |  |
|                      | POST OF   | FICE BOX 520333 Address   |   |  |  |
|                      |   | Addiess   |   |  |  |
|                      | LONGWOOD  | , FLORIDA 32752-0333  |   |  |  |
|                      | С   | ity/ State and Zip Code   |   |  |  |
|                      | johnamea  | cham@gmail.com  |   |  |  |
| <u> </u>             | E-mail address: (to be use                                  | d for future annual report notification)                          | ······································  |  |  |
| For firsthar inform  | otion concoming this motton                                 | mlanas calle  |   |  |  |
| ror turmer inform    | ation concerning this matter,                               | please call:  |   |  |  |
| JOHN MEACH           | AM ·  | at ( 407 ) 947-54 <sup>1</sup> 41                                 |   |  |  |
| - Name               | Name of Contact Person Area Code & Daytime Telephone Number |   | ephone Number   |  |  |
| Enclosed is a chec   | k for the following amount m                                | nade payable to the Florida Depar                                 | tment of State:   |  |  |
| \$35 Filing Fee      | □ \$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 A            |   | Street Address  | ·   |  |  |
| Amendmer             |   | Amendment Section   |   |  |  |
|                      | f Corporations  | Division of Corporations  |   |  |  |
| P.O. Box 6327        |   | Clifton Building  |   |  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

### Articles of Amendment to

## to Articles of Incorporation of

| PELLA INSTALLATION   | SALES & S                             | SERVICE CORP           |                                       | JU 3             | .CD                  |
|--|---------------------------------------|------------------------|---------------------------------------|------------------|----------------------|
| (Name of Corporation as currently  | · · · · · · · · · · · · · · · · · · · |                        | of State                              | AHASSEE FI       | PH 2: 34             |
|  |                                       |                        | , , , , , , , , , , , , , , , , , , , | ANASARY.         | رج جے 🗥              |
| P09000   |                                       |                        |                                       | 35. C.           | STAN                 |
| (Document Number   | of Corporation                        | on (if known)          |                                       | 1                | ORIE                 |
| rsuant to the provisions of section 607.1006, Fl   | orida Statute                         | s, this <i>Florida</i> |                                       |                  |                      |
| endment(s) to its Articles of Incorporation:   |                                       | -,                     | <b>y</b>                              |                  |                      |
| If amending name, enter the new name of the  | corporation                           | 1 <u>:</u>             |                                       |                  | 1- 2010              |
| CUSTOM FENESTRATION PRODUCTS CORP  |                                       |                        |                                       |                  | The new              |
| me must be distinguishable and contain the breviation "Corp.," "Inc.," or Co.," or the desime must contain the word "chartered," "professi | ignation "Co                          | rp," "Inc," or         | "Co". A pr                            | ofessional co    | d" or the orporation |
| Enter new principal office address, if applicat  | ble:                                  | NIA                    |                                       |                  | _                    |
| rincipal office address <u>MUST BE A STREET Al</u>   | DDRESS )                              | , .                    |                                       |                  |                      |
|  |                                       |                        |                                       |                  |                      |
|  |                                       |                        |                                       |                  |                      |
|  |                                       |                        |                                       |                  | -                    |
| Enter new mailing address, if applicable:  |                                       | 11/0                   |                                       |                  |                      |
| (Mailing address <u>MAY BE A POST OFFICE B</u>   | <u>(OX</u> )                          | N   H                  |                                       |                  | -                    |
| ·  |                                       |                        |                                       |                  |                      |
|  | •                                     |                        |                                       |                  | -<br>-               |
| <u>.</u>   |                                       |                        |                                       |                  | -                    |
| If amending the registered agent and/or registered agent and/or the new registered   |                                       |                        | da, enter th                          | e name of t      | <u>he</u>            |
| new registered agent and/or the new registere  | u onice auu                           | ress:                  |                                       |                  |                      |
| Name of New Registered Agent:  | <u>N/A</u>                            |                        |                                       |                  |                      |
|  | , , ,                                 |                        |                                       |                  |                      |
| New Registered Office Address:   | (Florie                               | la street address      | ,, 1                                  |                  |                      |
| f ,  | Trioric                               | ın ən eer ninn esi     |                                       |                  | •                    |
|  |                                       | ,                      | , Fl                                  | orida            |                      |
|  | (City)                                |                        | (Zip Cod                              | le)              |                      |
| Desistant Association D  |                                       |                        |                                       |                  |                      |
| w Registered Agent's Signature, if changing Rereby accept the appointment as registered agent  |                                       |                        | ant the oblig                         | rations of the   | nacition             |
| vo, weeps the appointment as registered agent  | . 4 мін јинш                          | min unu all            | opi me oong                           | wateria tij ilic | Postton              |
|  |                                       |                        |                                       |                  |                      |
| Signa  | ture of New                           | Registered Agen        | t. if changing                        | 7                |                      |

## (Attach additional sheets, if necessary) Title Name Address **Type of Action** NA ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) NA F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

'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:

| The date of each amen                  | dment(s) adoption: July 16, 2016   |
|--|--|
|  | (date of adoption is required)   |
| Effective date <u>if applic</u>        |  |
|  | (no more than 90 days after amendment file date)   |
|  |  |
| Adoption of Amendmo                    | ent(s) (CHECK ONE)   |
|  | was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.  |
|  | was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):   |
| "The number of                         | f votes cast for the amendment(s) was/were sufficient for approval   |
| by                                     | 29   |
| •                                      | (voting group)   |
| The amendment(s) action was not requi  | was/were adopted by the board of directors without shareholder action and shareholder ired.  |
| The amendment(s) vaction was not requi | was/were adopted by the incorporators without shareholder action and shareholder ired.   |
| Dated                                  | July 16th 2010   |
| Signa                                  |  |
|  | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
|  |  |
|  | JOHN MEACHAM   |
|  | (Typed or printed name of person signing)  |
|  | CHAIRMAN OF THE BOARD OF DIRECTORS, PRESIDENT (Title of person signing)  |