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THE FOR AN ANSEE, FLORIDA

Amend Thewis 4-2-10

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	SECTION SCREEN) IN	ic
DOCUMENT NUMB	er: <u></u>	000098932	
The enclosed Articles of	of Amendment and fee a	re submitted for filing.	
Please return all corres	pondence concerning thi	s matter to the following:	
	JA	MIS SMITH ame of Contact Person	
		Etcol Screens IN	<u></u>
		_	
	36 1	JIA FLORESTA DRIVE	
A 2010 APR - I AM 8: 96  Lot that the state of the state	Boca Rate Ci Ci E-mail address: (to be used	ty/ State and Zip Code  Solution Proscaters   Foliation    I for future annual report notification	~~ <u>~</u>
	Smith	-	72.//
JAMIZ.	ontact Person	at ( 561 ) 251- Area Code & Daytime Te	elephone Number
Enclosed is a check for		ade payable to the Florida Depa	
\$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 Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Address Amendment Section Division of Corporations Clifton Building - 2661 Executive Center Circ	:le

Tallahassee, FL 32301



March 25, 2010

JAMIE SMITH PROJECTION SCREENS INC. 56 VIA FLORESTA DRIVE BOCA RATON, FL 33487

SUBJECT: PROJECTION SCREENS INC.

Ref. Number: P09000098932

We have received your document for PROJECTION SCREENS INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Letter Number: 610A00007405

Thelma Lewis
Document Specialist Supervisor

#### **Articles of Amendment**

### Articles of Incorporation

Articles of Incorporation of	FILED	
PROJECTION SCREWS INC.	2010 APR -1 P 3: 3	
(Name of Corporation as currently filed with the Florida Dept. of State)	sean 1 P 3: 3	
P09000098932	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(Document Number of Corporation (if known)	- PLORIDA	
nant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dment(s) to its Articles of Incorporation:	on adopts the following	
amending name, enter the new name of the corporation:		

Pursuant to the provisions of section 607.1006 umendment(s) to its Articles of Incorporation:	o, Florida Statutes, this F	cioriaa Projit Corporation adopts the folio
A. If amending name, enter the new name of	the corporation:	
	****	The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "In	c," or "Co". A professional corporation
3. Enter new principal office address, if appl	licable:	
Principal office address <u>MUST BE A STREE</u>	T ADDRESS )	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
). If amending the registered agent and/or r		in Florida, enter the name of the
new registered agent and/or the new regis	tered office address:	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Florida street	address)
		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changin	g Registered Agent:	
hereby accept the appointment as registered a		and accept the obligations of the position.
	•	
	ianature of New Registers	-d 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: (Attach additional sheets, if necessary)

**Title** Address **Type of Action** ml ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment	5-30-10.
Effective date <u>if applicable</u> :	(date of adoption is required)
Enective date <u>it applicable</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/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemened 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/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	3-30-10
Signature	S 89175
	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 ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	office
	(Title of person signing)