# Fax Ser

Division of Corporations

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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 : (850)521-1000 : (850)558-1515 Fax Number

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN SUPERIOR CEILINGS OF SOUTH FLORIDA, INC.

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July 27, 2010

## FLORIDA DEPARTMENT OF STATE

SUPERIOR CEILINGS OF SOUTH FLORIDA, INC. 959 SHOTGUN ROAD SUNRISE, FL 33326

SUBJECT: SUPERIOR CEILINGS OF SOUTH FLORIDA, INC.

REF: P10000002337

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The date of adoption of each amendment must be included in the document.

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), 265-6908.

Sylvia Gillert Regulatory Specialist II

FAX Aud. #: E10000169605 Letter Number: 310A00018163

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# Articles of Ameadment Articles of Incorporation of Superior Ceilions of South Florida, fac, (Name of Corporation as correctly filed with the Florida Dept. of State) PG10000002337 (Decement Number of Corporation (if known) Tursuant to the provisions of section 607 1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and commin the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, Happlicable: (Principal office address MUST BE A STREET ADDRESS)

D. If amostling the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:			
New Registered Office Address:	(Florida street add	ress)	
		, Florida	
	(City)	(Zip Code)	_
	` **		

New Registered Agent's Signature, if changing Registered Agent:

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

I hereby accept the appointment as registered agent. I om familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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	ditional sheets, if necessary)		
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Title	<u>Name</u>	Address	
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provis	omendment provides for an exchange,	reclassification, or cancellation of	issued shares,

The date of each amendment(s) ad	(date of adoption is required)
Mariana da de desarro de la composição d	(date of adoption is required)
Effective date if applicable: (no	more than 90 days ofter amendment file date)
Adaptian of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	spied by the shareholders. The number of votes east for the amendment(s) fficient for approval.
	proved by the shateholders through voting groups. The following statement each yoting group entitled in vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) washvere sufficient for approval
hy	ng group)
(voti	ng group)
The smeadment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_July 26,	ector, president or other officer - if directors or officers have not been
	by an incorporator - \(\frac{1}{2}\) in the hands of a receiver, inistee, or other court
	d fiduciary by that fichiciary)
	Richard Cooper Jr
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)