P10000020303

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

Office Use Only



000206959120

05/02/11--01056--016 **43.75



C.COULLIETTE
MAY 0.5 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	Mobile Home Insulation,	Inc.	
DOCUMENT NUMBE	R:	P10000020303		
The enclosed Articles of	Amendment and fee are	submitted for filing.		
Please return all corresp	ondence concerning this r	natter to the following:		
	Frances C. Lowe			
	Nam	e of Contact Person		
		s Casey Lowe, P.A.		
Firm/ Company				
	3042 Cr	awfordville Highway	 	
Address				
	Crawfordville, FL 32327			
City/ State and Zip Code				
	francie@fr E-mail address: (to be used fo	rancielowe.com or future annual report notification)		
For further information	concerning this matter, plo	ease call:		
France	s C. Lowe	at (850) . 92	26-8245	
	ntact Person	at (<u>850</u>) <u>92</u> Area Code & Daytime Tele	ephone Number	
Enclosed is a check for	he following amount mad	le payable to the Florida Depart	ment 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 Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	2	

Tallahassee, FL 32301

Articles of Amendment to • Articles of Incorporation of

	e insulation, inc.		,
(Name of Corporation as curren	tly filed with the Florid	a Dept. of State)	
	00020303		
(Document Numb	per of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporatio	on adopts the following
A. If amending name, enter the new name of t	the corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "profe	lesignation "Corp," "Inc	;," or "Co". A profess	tional corporation
B. Enter new principal office address, if applie			·
(Principal office address <u>MUST BE A STREET</u>	<u>'ADDRESS</u> ')		
C. Enter new mailing address, if applicable:			2 C%
(Muiling address MAY BE A POST OFFICE	<u>E BOX</u>)		
			3. 4. Sept.
D. If amending the registered agent and/or re-		n Florida, enter the na	me of the
new registered agent and/or the new regist	ered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street o	iddress)	
		, Florida	1
_	(City)	(Zip Code)	·
New Registered Agent's Signature, if changing	Registered Agent		
I hereby accept the appointment as registered ago		and accept the obligation	ns of the position.
Sig	gnature of New Registered	d Agent, 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
DST	Robin Dias	45 Windy Way Crawfordville, FL 32327	□ Add ☑ Remove
D	John Mooshie	45 Windy Way Crawfordville, FL 32327	□ Add ☑ Remove
<u>D</u>	Joshua Reykowski	45 Windy Way Crawfordville, FL 32327	
(and or	dditional sheets, if necessary). (Be	specificy	
provisi		te, reclassification, or cancellation of i	
	·		

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
<u>D</u>	William B. Moody	121 Chippewa Road Crawfordville, FL 32327	☑ Add □ Remove
			
			_ ~
	ding or adding additional Articles. dditional sheets, if necessary). (Be		
<u>provisi</u>	mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A)	ge, reclassification, or cancellation on the second of the	<u>f issued shares,</u> ent itself:

The date of each amendment	t(s) adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 4	<u>-27-2011</u>
Signature	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
	pointed fiduciary by that fiduciary)
	Paul Bender
	(Typed or printed name of person signing)
	Director/President
	(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Mobile Home Insulation,	Inc. ···
DOCUMENT NU	JMBER:	P10000020303	· ·
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning t	this matter to the following:	•
		Frances C. Lowe	
		Name of Contact Person	
	Fra	nces Casey Lowe, P.A.	
1		Firm/ Company	
	304	2 Crawfordville Highway	
		Address	
		rawfordville, FL 32327	
		City/ State and Zip Code	
	francie E-mail address: (to be u	e@francielowe.com used for future annual report notification)	
For further inform	ation concerning this matte	er, please call:	
F	rances C. Lowe	at (850) . 92	6-8245
Frances C. Lowe at (850) 926-8245 Name of Contact Person Area Code & Daytime Telephone Num		phone Number	
Enclosed is a chec	k for the following amount	made payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	S43.75 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 Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
Tallahassee, FL 32314		And Presentive Center Circle	7

Tallahassee, FL 32301