P10000037442

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOS AMERIC	CAN BUILDING MATERIALS, INC.	_
DOCUMENT NUMBER: P10000037442	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Jo	hn Mistal	•
(Name o	f Contact Person)	
-	ILDING MATERIALS, INC.	
(Fire	n/ Company)	
`	orth 50th Street	
	Address) pa, FL 33619	
(City/ Sta	ate and Zip Code)	
For further information concerning this matter, p	please call:	
John Mistal	at (813_)643-3757	•
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	•
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Certified Copy Certificate of (Additional copy is certified Copy conclosed) (Additional Copy Certified Copy	Status by Copy
Mailing Address	is enclosed) <u>Street Address</u>	
Amendment Section Division of Corporations	Amendment Section -Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SOS AMERICAN BUILDING MATERIALS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000037442

(Document Number of Corporation (if known)

Pursuant 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 new	me of the corporation:
л.	It amenuing name,	chief the new hai	<u>ne or the corporation.</u>

Branch and the Alexander Control of the Control of	and contain the			
incorporated" or the abbreviation "Corp.				
Co". A professional corporation no	ame must contain	the word	chartered,	professional
ssociation," or the abbreviation "P.A."				
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Enter new principal office address, if a		·		
Principal office address <u>MUST BE A STR</u> i	<u>EET ADDRESS</u>)		•	•
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1 17 A	* ·		1	
Enter new mailing address, if applicat				•
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	· · · · · · · · · · · · · · · · · · ·	**	
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 If amending the registered agent and/o new registered agent and/or the new re 			rida, ente	r the name of the
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new registered agent and/or the new re	egistered office addro	ess: 		, Florida
new registered agent and/or the new re	egistered office addro	ess:		
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	egistered office addr	ess: street addre		, Florida
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if chan	egistered office addr	ess: street addre (City)	ess)	, Florida (Zip Code)
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if chan hereby accept the appointment as registe	egistered office addr	ess: street addre (City)	ess)	, Florida
Name of New Registered Agent:	egistered office addr	ess: street addre (City)	ess)	, Florida (Zip Code)
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if chan hereby accept the appointment as registe	egistered office addr	ess: street addre (City)	ess)	, Florida (Zip Code)

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>	<u>Address</u>	Type of Action
Sect	John Watson	639 W. Robinson St.	□ Add
·		Orlando, FL 32801	Remove
	· .	<u></u> :	
Trea	Allison Watson	639 W. Robinson St.	□ Add
• •		Orlando, FL 32801	Remove
	·	1	
	•		□ Add
			Remove
,			<u> </u>
• •		•	·

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	(s) adoption: $\frac{06}{}$	/15/2010		<u> </u>	·	
Effective date if applicable:		•		r		•
Enective date in applicable:	(no more than 90	days after amen	idment file	dáte)		<u>-</u>
	•					
Adoption of Amendment(s)	(CHE	CK ONE)			·	
☐ The amendment(s) was/wer by the shareholders was/we			e number e	of votes cast	for the ame	endment(s)
The amendment(s) was/wer must be separately provided						
"The number of votes of	ast for the amenda	nent(s) was/wer	e sufficien	t for approv	al	•
by	· .					
	(voting group)					
The amendment(s) was/wer action was not required.	e adopted by the bo	oard of directors	s without s	hareholder a	action and s	hareholder
The amendment(s) was/wer action was not required.	e adopted by the in	acorporators wit	hout share	holder actio	n and share	holder
Dated	-15-10	•	,	· · ·		
Signature	John	mista	J	. i		
(By	a director, presider eted, by an incorpo pinted fiduciary by	rator - if in the				
	•		-	ŧ	•	
		John M		<u> </u>		•
* * * * * * * * * * * * * * * * * * * *	(Type	d or printed nan	ne of perso	n signing)	• .	
recording to the control		Presi	ident	* - + "	.1 17.	, PF 3
		(Title of person	(signing)			