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SECRETARY OF STATE
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11/5/

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JAX SOLAR SCREENS INC	-				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
VASON HORRCCKS Name of Contact Person					
Firm/Company 12627 5AN JOSE BLVD # 784 Address					
Address JACKSON UILLE, FL 32223 City/ State and Zip Code					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (904) 284-5337 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)}\$					
Mailing AddressStreet AddressAmendment SectionAmendment Section					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of	2011 NOVILED
(Name of Corporation as currently filed with the Florida Dept. of S	Toc. ARASSEE FOR AM 8: 46
(Document Number of Corporation (if known)	
uant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prof</i> iwing amendment(s) to its Articles of Incorporation:	t Corporation adopts the

Pursi follo A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain 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, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SAME D. If amending 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: lbrida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of Dew Registered Agent, if changing

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1)				
2)	***************************************			
3)		1 1/		
4)	N			
5)		······································		
6)				
If REMOVING an o	fficer and/or director, pleas	se list the title(s)	and name of the officer/dire	ctor to be
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1)		4)	• • • • • • • • • • • • • • • • • • • •	<u>. </u>
2)		Pr	•	·····
3)	——————————————————————————————————————	6)		

E. If amending or adding additional Ar	ticles, enter change(s) here
(attach additional sheets, if necessary).	(Be specific)
	ΙΔ
	——————————————————————————————————————
······································	
Manufacture	
	hange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
75 - 10	<u> </u>
MANAGE (18.2)	· · · · · · · · · · · · · · · · · · ·
,	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:
Effective date if applicable: // / (date of adoption - required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature Masor Throcks
(By a director, president of 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)
(Typed or printed name of person signing)
O / T
(Title of nerson signing)