# P12000010194

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### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: WEST SHORE WALL SYSTEMS, ÎNC.  DOCUMENT NUMBER: P12000010194 FÎD: 30-071 9034
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EMIL NEGRU  Name of Contact Person  WEST SHORE WALL SYSTEMS, INC  Firm/Company  1730 PALM RIVER RD, SUITE 300 B  Address  TAMPA, FL 33619  City/State and Zip Code  TAMPARESI DENCE @ GMAIL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EMIL NEGRU at (813) 966-4774
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)

### **Mailing Address**

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

#### Street Address

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

## Articles of Amendment to Articles of Incorporation

of incorporat

WEST SHORE WA	LL SYSTEMS, INC.
(Name of Corporation as currently)	filed with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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)	7730 PALM RIVER RD,
_	Suite 300 B
	TAMPA FL 33619
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
new registered agent and/or the new registered ornee address.	
Name of New Registered Agent	
(Florida stree	
New Registered Office Address:	, Florida 9
(C	ily) (Zip Code):
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	gistered 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	2		<u>Addres</u> s	
1) Change						•
Add						
Remove				/		
2) Change			/_			
Add						
Remove						
3 ) Change		_ <i></i>				
Add						
Remove						<del>.</del>
4) Change		/ _				
Add	/					
Remove						
5) Change						
Add						
Remove					ethodole be	
6)Change	_					
Add						
Remove						

E. If amending or adding additional Articl (Attach additional sheets, if necessary).	
/	/
F. If an amendment provides for an excha	nge, reclassification, or cancellation of issued shares.
provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(i) not applicable, indicate 1011)	

The date of each amendment(s) adoption: date this document was signed.		02-28-2011	, if other than the
date this document was signed.		^ 17	
Effective date if applicable:	02-28-2	011	
	(no more than 90 days a	fter amendment file date)	
<b>Note:</b> If the date inserted in this block does document's effective date on the Department		tutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	HECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for	e shareholders. The number approval.	of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voti			
"The number of votes cast for the an			
by		***************************************	
fr.	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without	shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shar	eholder action and shareholder	
Dated02	28 - 2017		
a Add			
Signature(By a director, pr	esident or other officer – if c	lirectors or officers have not been	
selected, by an ir		of a receiver, trustee, or other court	
	EMIL (Typed or printed name of	NEGRU	
	(Typed or printed name of	person signing)	
	VICE_	PRESIDENT	
	(Title of perso	n signing)	