## P12000078145

(Requ	uestor's Name)	
(Addr	ress)	
(Addi	ress)	
(City/	/State/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(Busi	iness Entity Name	)
(Doc	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to F	iling Officer:	
(Doci	ument Number) Certificates o	





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Amend

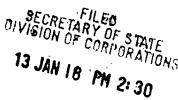
JAN 2 2 2013 T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Superior Re	emodeling Servi	ces, Inc.
DOCUMENT NUMBER: P			
The enclosed Articles of Amend	<b>Iment</b> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this man	tter to the following:	
Dalla	s Metcalf		
		Name of Contact Person	i
Supe	rior Remode	eling Services, Ir	nc.
<del></del>		Firm/ Company	
902 A	Arbormoor P	lace	
		Address	
Lake	Mary, FL 3	2746	
	•	City/ State and Zip Code	
	ail addraga (to be us	sed for future annual report	notification)
E-III	an address: (to be us	sed for future annual report	nouncation)
For further information concern	ing this matter, pleas	se call:	
Dallas Metcalf		at (407	683-4144
Name of Contac	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & ertificate 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 Add Amendment S Division of C P.O. Box 632	Section orporations	Amend Division	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 E	executive Center Circle

## Articles of Amendment to Articles of Incorporation of



Superior Remodeling Services,	, Inc.		· · · 30
(Name of Corporation as currently	filed with the Florida Dept	t. of State)	
P12000078145			
(Document Number of	of Corporation (if known)		<del></del>
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the wi "Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association," or the	rp," "Inc," or "Co". A pre		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: DDRESS)		<del></del>
	-		<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		
D. If amending the registered agent and/or regist	tored office address in Flor	ide enter the name of the	
new registered agent and/or the new registere		iga, enter the hame of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(Ciry)	, Florida(Zip Code)	<del></del>
	(City)	(Zip Coue)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	t <mark>egistered Agent:</mark> t.    I am familiar with and ac	cept the obligations of the position	on.
Signature of	New Registered Agent, if cha	anging	

## 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.

Example: X Change	<u>PT</u>	John Do	oe	
X Remove	<u></u>	Mike Jo		
			•	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V	_	Loy Dallas Metcalf, Jr.	902 Arbormoor Place
Add				Lake Mary, FL
X Remove				32746
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add			•	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Chamaa				
6) Change		<u></u>		
Add				
Pamoua				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
,	

The date of each amendment(s) a	doption: 9/14/2012
Effective date if applicable: 9/	14/2012
The state of the price of the state of the s	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_1/16/2	012
Signature	17=
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ited fiduciary by that fiduciary)
	Loy Dallas Metcalf, Jr.
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)