(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION DUCLITY SIDING & SOFFI OF Jay Incoment number: P1300013195
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
rease return an correspondence concerning this matter to the following.
Stephane Dudley
Name of Contact Person
Firm/ Company
1600 ON V Company
Address
10. 0 30011
City/ State and Zip Code
E-mail address: (to be used for thrure annual report notification)
2 man access (10 00 access to access
For further information concerning this matter, please call:
States I do again lastellar
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  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)

### Mailing Address

TO: Amendment Section

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

(Name of Corporation as curr	ently filed with the Florida Dept. of State)	<u>-</u>
P13000013	195	_
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of	f the corporation:	
· · · · · · · · · · · · · · · · · · ·	he word "corporation," "company," or "incorporated" or the a	_The new
word "chartered," "professional association,"  B. Enter new principal office address, if applicable (Principal office address MUST BE A STREE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI)  D. If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered agent."	registered office address in Florida, enter the name of the	contain the STATE OF
Name of New Registered Agent	and the state of t	
	(Florida street address)	
New Registered Office Address:	, Florida	<del>_</del>
	(City) (Zip Code)	
	ing Registered Agent: agent. I am familiar with and accept the obligations of the position. re of New Registered 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.

Example: 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>	Address
1) Change	<u> </u>	Longthan Batterson-	5847 Oliver St
Add		Snyder	Jax, PC 33211
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		,	
4) Change			
Add			
Remove			
5) Change	<del> </del>		
Add			
Remove			
6) Change			
Add			
Remove			·

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)	
10 10 10 10 10 10 10 10 10 10 10 10 10 1		
•		
	***************************************	
A. / 17/2011-1-1012		
an amendment provides for an eych	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
NIA		

The date of each amendment(s) adoption: 12/27/13	, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
(no more than 90 days after amenament 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)	
(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 12/27/13	
Signature Signature	_
(By a director, president or 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)	
Stephonie Dudley	
(Typed or printed name of person signing)	
(Title of person signing)	<del></del>