P13000068277

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SECRETARY OF STATE TALL SUBSSEELTI ORIDA

SEP 1 9 2013 T. CARTER

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Specialty Installs & Contracting, INC.
DOCUMENT NUMBER: <u>P1300068</u> 277
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brandon Allan Name of Contact Person Specialty Installs & Contracting, INC Firm/Company 1635 Blive Tree Circle
Firm/ Company
1635 Olive Tree Circle Address Cyreenacres FL 33413 City/State and Zip Code
Address
Greenacres, FL 33413
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brandon Allan at 561 613-1426 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

SECRETARY OF STATE TALL A THIS STEET FLORIDA

Articles of Amendment to

Articles of Incorporation of

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	ט יכ יוויי
Specialty Installs & Contracting INC	
(Name of Corporation as currently filed with the Florida Dept, of State)	
<u>P13000068277</u>	<u> </u>
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ing amendment(s) t
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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mus 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)	t contain the
(Trincipal office address (HOST BE A STRUET ADDRESS)	_
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	_
	_
	_
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 Brandon Allan	
1635 Olive Tree Circle (Florida street address)	
New Registered Office Address: Seenacres Florida 33413 (City) (Zip Code)	_
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 When the control of the position of the p	ı.
Signature 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.

X Change	<u>PT</u> <u>Je</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	tike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u> </u>	Brandon Allan	1635 Olive Tree Cir. Greenacres, FL
Remove			33413
2) Change		Mariela Colop	1635 Olive Tree Cir
X Add			Greenaures, FL 33413
Remove			
3) Change			
Add			·
Remove			
4) Change			
			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	<u>) неге</u> :		
Comment of the control of the contro	(De apoonie)			
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If an amendment provides for an exch provisions for implementing the amer	ange, reclassification	n, or cancellation o	issued shares,	
(if not applicable, indicate N/A)	IMBIERT II INA CONTA	nea m the amenum	ent tesen.	
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The date of each amendment(s) adoption:	_, if other than the
Ω Ω 11-12	
Effective date if applicable: (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)	
(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 9 - 4 - 13	
Dated 9-4-13 Signature Bundon Allan	
(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)	
Brandon Allan (Typed or printed name of person signing)	- -
(Typed or printed name of person signing)	
(P) President (Title of person signing)	_
(Title of person signing)	