

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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AUG 22 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Windows BER: P140000183	Pros Of Dayto 349	on
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	David F Morin		
	- 	Name of Contact Person	n
	Window Pros o	of Dayton	
•		Firm/ Company	
	319 Palm Stee	t Apt 3 East	
•		Address	
	Hollywood, FL	33019	
		City/ State and Zip Cod	e
mo	rink58@aol.co	m	
1110		sed for future annual report	notification)
	,	•	,
For further information	concerning this matter, pleas	se call:	
David F Mo	orin	954	, 218-3954
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to **Articles of Incorporation** of

Window Pros of Dayton

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000018349

(Document Number of Corporation (if known)

nt(s) to

Vindow Pros of Daytona ne must be distinguishable and contain the torp.," "Inc.," or Co.," or the designation "Grd "chartered," "professional association," or	word "corporation," "c Corp," "Inc," or "Co".	A professiona		
Enter new principal office address, if application in the contraction of the contraction	cable:			
				
T				
Enter new mailing address, if applicable:	E PAVI			
Enter new maining address, it applicable: (Mailing address MAY BE A POST OFFICE	<u></u>			
	<u></u>			
	 gistered office address in	Florida, enter	the name	of the
(Mailing address <u>MAY BE A POST OFFICE</u> If amending the registered agent and/or reg	 gistered office address in	Florida, enter	the name	of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered.)	 gistered office address in		the name	of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or reg new registered agent and/or the new registered.)	zistered office address in ered office address:		the name	of the

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 <math>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)	Title	<u>Name</u>	Address
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change	 -	<u> </u>	
Remove			

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7-, -15-,,		
		
		
	ange, reclassification, adment if not contained	ange, reclassification, or cancellation of issued s

date this document was signed.	, if other than the
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)	
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 8/13/2014	
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)	_
David F Morin	
(Typed or printed name of person signing)	_
President	_
(Title of person signing)	