P14000070336

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations NAME OF CORPORATION: Relialift Inc. DOCUMENT NUMBER: P14000070336 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Jack Dickerson** Name of Contact Person Relialift Inc Firm/ Company 15355 Flight Path Dr Address Brooksville, FL 34604 City/ State and Zip Code administrator@dgdoors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jack Dickersom Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$52.50 Filing Fce □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

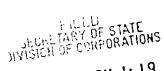
Mailing Address

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



Relialift Inc

14 OCT 27 FM 1: 19

to

(Name of Corporation as currently	v filed with the Florida D	ept. of State)	
P14000070336		 /	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida</i> a	Profit Corporation ado	pts the following amendment(s
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co". A	npany," or "incorpore professional corporati	nted" or the abbreviation on name must contain the
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET A.</u>			
		<u></u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	BOX)		
D. If amending the registered agent and/or registered agent and/or the new registered		orida, enter the name	of the
	ed office address.		
Name of New Registered Agent			
	(Florida street addres	ss)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing R		anne dha ahlimatinum	of the monition
I hereby accept the appointment as registered agent	i. 1 am jamiliar with ana i	accept the obligations (y ine position.
Signature of	New Registered Agent, if o	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)

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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	<u>oc</u>				
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally St	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	Address			
1) Change	V		David Raymond	15355 Flight Path Dr.			
Add				Brooksville, FL 34604			
Remove							
2) Change		_					
Add							
Remove							
3) Change							
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		-					
Add				<u> </u>			
Remove							
6) Change		_					
Add							
Remove							

. II an (Attac	ch additional she	ng additional Arti ets, if necessary).	(Be specific)	nge(s) nere;	•		
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If an pro	amendment provisions for imple	ovides for an exch ementing the ame	ange, reclassif	ication, or can	cellation of issu e amendment it	ed shares, tself:	
	(if not applicable	e, indicate N/A)					
				<u> </u>			

	FILEL STATE	
The date of each amendment(s) adoption:	SECRETARY OF STATIONS DIVISION OF CORPORATIONS	, if other than the
date this document was signed.	14 OCT 27 FH 1: 19	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CH)	ECK ONE)	
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) pproval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
· The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by(voti		
(voti	ing group)	
The amendment(s) was/were adopted by the baction was not required.	poard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder action and shareholder	
Dated	La Lam	
(By a director, presi	dent or other officer – if directors or officers have not been rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
Jack Dick	kerson	
	(Typed or printed name of person signing)	
President	i e	
	(Title of person signing)	