

P15000003583

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000023082 3)))



H150000230823ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : DIVERSIFIED BUSINESS PRODUCTS & SERVICES,
Account Number : I20130000067
Phone : (954) 990-0606
Fax Number : (888) 400-5537

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2015 JAN 29 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 JAN 29 AM 7:20

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CH GENERAL CARPENTRY CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Namech8
10/30/15

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

CH GENERAL CARPENTRY CORP

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

P15000003583

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

SH GENERAL CARPENTRY CORP

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the 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**)

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

(Florida street address)

New Registered Office Address:

Florida

(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.

Signature of New Registered Agent, if changing

FILED
2015 JAN 29 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H150000230823

H150000230823

SECOND: If an amended provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: Jan. 26, 2015

FOURTH: Adoption of amendment(s) (check one)

☒ **X** The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were adopted 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 shareholders 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.

Signed this: Jan. 26, 2015

Signature



Frank Cruz Barrios / Registered Agent

H150000230823