

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	.		

Office Use Only



200315287122

07/09/18--01031--027 **35.00

April

R. WHITE JUL 1 1 2018

18 JUL -9 AM 6: 02

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: STATEWIDE WIE	NDOWS & DOORS, INC	
	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Dung Lam		
		Name of Contact Perso	11
	STATEWIDE WINDOWS &	EDOORS, INC	
		Firm/ Company	
	3417 W. Woolbright Rd.		
		Address	
	Boynton Beach, FL 33436		
		City/ State and Zip Cod	le
dlam	@statewideimpactwindows.co	0131	
	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Dung Lam		561	202-1412 ode & Daytime Telephone Number
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Idment Section on of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

18 JUL -9 AM 6: 08

STATEWIDE WINDOWS & DOORS, INC	v.	SECTEDA VI DIATE	
(Name of Corpo	ration as currently fi	iled with the Florida Dept. of State)	
P15000065192			
(Do	ocument Number of Co	orporation (if known)	
Pursuant to the provisions of section 607,1006, Flots Articles of Incorporation:	orida Statutes, this Fla	orida Profit Corporation adopts the following ame	ndment(s)
A. If amending name, enter the new name of th	ne corporation:		
		The	new
	Corp, " "Inc, " or "Co	"company," or "incorporated" or the abbrevi ". A professional corporation name must contai	iation
B. <u>Enter new principal office address, if applic</u> Principal office address <u>MUST BE A STREET</u>			
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>: BOX</u>)		
D. <u>If amending the registered agent and/or reg</u>	istarud affiaa addruuu	a in Elevide anter the name of the	
new registered agent and/or the new registe		s in Piorioa, enter the hame of the	
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:		, Florida	
New Registered Office Address.	(Ci		—
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		h and account the ablications of the nextition	
nevery accept the appointment as registered age	ni i am jamutar witi	х ана ассері іне опидацоня ој іне position.	
•	Signature of New Regi	istered 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>	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>N</u> a	ime		<u>Addres</u> s
1) Change	D	_ A	ndrea Lehman	<u> </u>	3417 W. Woolbright Rd.
X Add					Boynton Beach, FL 33436
Remove					
2) Change					
Add					
Remove					
3) Change				·	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add		- -			
Remove					

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	• • • • • • • • • • • • • • • • • • •
···	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statudocument's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficient	it for approval
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shaction was not required.	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder
June 1 2018 Dated	
Signature Jay Day	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
John Dyda	
(Typed or printed name of pe	erson signing)
P	
(Title of person s	igning)