## P16000061207

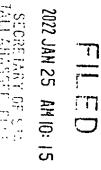
| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| J. HORNE                                |  |  |  |
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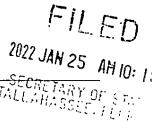
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: CGI Commercial,                     | Inc.   |   |
|--|---|--|---|
| DOCUMENT NUM   | P16000061207                                |  |   |
| The enclosed Articles  | s of Amendment and fee are su               | bmitted for filing.  |   |
| Please return all corre  | espondence concerning this ma               | tter to the following:   |   |
|  | Ryan Quinn                                  |  |   |
|  | <del></del>                                 | Name of Contact Person   | 1   |
|  | PGT Innovations, Inc.                       |  |   |
|  |   | Firm/ Company  |   |
|  | 1070 Technology Dr                          |  |   |
|  | <u> </u>                                    | Address  |   |
|  | Venice, FL 34275                            |  |   |
|  |   | City/ State and Zip Code   | e   |
|  | rquinn@pgtinnovations.com                   |  |   |
|  | E-mail address: (to be us                   | sed for future annual report                                     | notification)   |
| For further information  | on concerning this matter, pleas            | se call:   |   |
| Ryan Quinn   |   | 941<br>at (  | de & Daytime Telephone Number   |
| Name   | of Contact Person                           | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check f  | or the following amount made                | payable to the Florida Depa                                      | artment of State:   |
| ■ \$35 Filing Fee  | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 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 |   | Amend<br>Divisio<br>The C  | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



CGI Commercial, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P16000061207 (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: 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: 1070 Technology Dr. (Mailing address MAY BE A POST OFFICE BOX) Nokomis, FL 34275 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: (City) 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

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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> 64.</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>Name</u>      | <u>Addres</u> s    |  |  |
| 1) Change                  | V            | Eric Kowalewski  | 1070 Technology Dr |  |  |
| x Add                      |              |                  | Nokomis, FL 34275  |  |  |
| Remove                     |              |                  | •                  |  |  |
| 2) Change                  | S            | Ryan Quinn       | 1070 Technology DR |  |  |
| X Add                      |              |                  | Nokomis, FL 34275  |  |  |
| Remove 3) x Change         | T            | Bradley West     | 1070 Technology Dr |  |  |
| Add                        |              |                  | Nokomis, FL 34275  |  |  |
| Remove                     |              |                  |                    |  |  |
| 4) X Change                | V            | Deborah LaPinska | 1070 Technology Dr |  |  |
| Add                        |              |                  | Nokomis, FL 34275  |  |  |
| Remove                     |              |                  |                    |  |  |
| 5) Change                  |              | _                |                    |  |  |
| Add                        |              |                  |                    |  |  |
| Remove                     |              |                  |                    |  |  |
| 6) Change                  |              |                  |                    |  |  |
| Add                        |              |                  |                    |  |  |
| Remove                     |              |                  |                    |  |  |

| uaumona snees, ij n              | iecessary). ( | Be specific)     | (s) here:                                      |                   |               |  |
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| f an amendment provides          | for an exchan | ge, reclassifica | tion, or cancell                               | ation of issued s | hares.        |  |
| <u>provisions for implementi</u> | ng the amendi | ment if not con  | tained in the a                                | mendment itself   | <u>:</u>      |  |
| (if not applicable, indic        | ate N/A)      |                  |  |                   |               |  |
|                                  |               |                  |  |                   |               |  |
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|                                  |               |                  |  |                   |               |  |

|  | January 17, 2022   |   |
|--|--|---|
| The date of each amendment(s) adopted this document was signed.                  | ion:   | , if other than the                                 |
| Effective date if applicable:  |  |   |
|  | (no more than 90 days after amenda   | nent file date)                                     |
| Note: If the date inserted in this block document's effective date on the Depart |  | g requirements, this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |   |
| The amendment(s) was/were adopted action was not required.                       | I by the incorporators, or board of directors w  | ithout shareholder action and shareholder           |
| ☐ The amendment(s) was/were adopted<br>by the shareholders was/were suffice      | I by the shareholders. The number of votes callent for approval.   | nst for the amendment(s)                            |
|  | ed by the shareholders through voting groups.<br>h voting group entitled to vote separately on t                               |   |
| "The number of votes cast for  | the amendment(s) was/were sufficient for app   | roval   |
| by   |  |   |
|  | (voting group)   |   |
| January 17, 202<br>Dated   | 2  |   |
| Signature All  | hu ta Kiroka   |   |
| (By a direct<br>selected, by   | or, president or other officer – if directors or or an incorporator – if in the hands of a receive iduciary by that fiduciary) |   |
|  | Debbie LaPinska  | <del> </del>  |
|  | (Typed or printed name of person sign  | ing)  |
|  | CHRO   |   |
|  | (Title of person signing)  |   |