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SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Name:	Encome	pass Wall Systems, Inc	
Document #:			
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Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

ENCOMPASS W	ALL SYSTEMS INC.				
NAME OF CORPORATION: ENCOMPASS WALL SYSTEMS INC.					
DOCUMENT NUMBER: P16000079486					
The enclosed Articles of Amendment and fee are sa	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
JEFFERY STRINGER	JEFFERY STRINGER				
	Name of Contact Person				
ENCOMPASS WALL SYS	ENCOMPASS WALL SYSTEMS INC.				
	Firm/ Company				
3701 STATE RD. 580 SUI	3701 STATE RD. 580 SUITE E				
and the state of t	Address				
OLDSMAR, FL 34677					
	City/ State and Zip Code	;			
jefferyfstringer@outlook.com		V			
E-mail address: (to be u	ised for future annual report	notification)			
For further information concerning this matter, plea	ase call:				
URS Agents C/O Kanetha Bishop	at (567-4397			
Name of Contact Person	Area Coo	ie & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:			
■ \$35 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301			

Articles of Amendment to Articles of Incorporation of

ENCOMPASS WALL SYSTEMS INC.					
(<u>Name o</u>	of Corporation as currently	filed with the Florida Dept. of	State)		
P16000079486					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts	s the following a	nendn	nent(s) to
A. If amending name, enter the new na	me of the corporation:				
			T?	ie ne	av.
name must be distinguishable and com "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporation	ed" or the abbr	eviatio	on
R. Enter new principal office address	if annlicable:	3701 STATE RD 580			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SUITE E			
		OLDSMAR, FL 34677			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3701 STATE RD 580		117 FI	
		SUITE E	25-C1 C0-41 C0-41	8 2	<u> नि</u>
		OLDSMAR, FL 34677		ω	<u>ក</u> - ចា
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address:	ess in Florida, enter the name of	fthe Sh	<u></u>	
Name of New Registered Agent URS AGENTS, LLC		ı	/	ū	
Nume of New Registered Eigen	3458 LAKESHORE DRIVE				
	(Florida stre	et address)			
New Registered Office Address:	TALLAHASSEE (City)		323)2		
New Registered Office Address.			, Florida(Zip Code)		•
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of	the position.		
	KR	Kanetha Bishop, Asst.	Secretary		
	Signature of New Re	gistered 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	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	MGR	Eric Gordon	3132 PHOENIX AVE
Add			OLDSMAR, FL 34677
xx Remove			
2) Change			
Add			
Remove			
3) Change			and the state of t
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
			And the second s
6)Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

If amending or adding additional Artic	eles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi uppnedole, maleule way)	

The date of each amendment(s) ad date this document was signed.	Option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	nted by the shareholders. The number of votes east for the ame ficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voling group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and s	nareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sharel	nolder
Dated 2-15	2-17	
Signature	L	
(By a d	rector, president or other officer - if directors or officers have	not been
selecte	i, by an incorporator – if in the hands of a receiver, trustee, or o	
appoin	ed fiduciary by that fiduciary)	
	Jo Hear t. Stice were (Typed or printed name of person signing)	
	(Typed or brinted name of person signing)	
	Resident (Title of person signing)	
	(Title of person signing)	