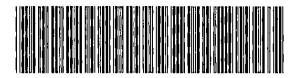
## P17000024896

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(Address)	
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

MIN OCT 22 MILLING Division of Corporations NAME OF CORPORATION: STF INSTALLATIONS INC DOCUMENT NUMBER: P17000024896 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVEN FRIESNER Name of Contact Person STF INSTALLATIONS INC Firm/ Company 580 S TRIPLET LAKE DRIVE Address CASSELBERRY, FL 32707 City/ State and Zip Code SFRIESNER77@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEVEN FRIESNER at (407 715-7475

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment **Articles of Incorporation**



## (Name of Corporation as currently filed with the Florida Dept. of State) P17000024896

(Document Number of Corporation (if known)

007 22 MILLION 12 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

ts Articles of Incorporation:		
. If amending name, enter the new name of the corporation	10/8	Ti -
ame must be distinguishable and contain the word "corpo Corp.," "Inc.," or Co.," or the designation "Corp," "Inc,' ord "chartered," "professional association," or the abbrevia	or "Co". A professional o	
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office		he name of the
new registered agent and/or the new registered office ad	dress:	
Name of New Registered Agent		<u>.</u>
(Flora	ida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam		igations of the position.
Signature of I	New Registered Agent, if char	nging

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.

Example: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	<u>S</u>		ALEXANDER HATHCOX	4599 WHIMBREL PL
X Ađd				WINTER PARK, FL 32792
Remove				
2) Change		_		
Add				
Remove				
3)Change	<u> </u>	_		
Add				
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5) Change		_		
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n amondment provides for an	exchange, reclassification, or cancellatio	in of icenad charac
ovisions for implementing the	amendment if not contained in the amen	dment itself:
(if not applicable, indicate N/	<i>A</i> )	
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	N/A	
	n) A	
	p)   A	

• •	10/09/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	ıt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/16/20 Dated	18	
Signature	A fri	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	STEVEN FRIESNER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>

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