Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : SORSHER & ASSOCIATES, LLC.

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Fax Number

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

Email	address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN FL SLIDING GLASS & ACCESS CONTROL, INC.

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Corporate Filing Menu

C. GOLDEW

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ FL SLIDING GLASS & ACCESS CONTROL, INC P17000099409 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company 4201 N STATE ROAD 7 Address HOLLYWOOD FL 33021 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, picase call: Steve Ostrovskiy Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Jixecutive Center Circle Tallahassec, FL 32301

FILED

Articles of Amendment

2

to Articles of Incorporation				326	Alf 9: 2
	of	•			
	• .				
(Name	of Corporation as currently	filed with the Florida Dept. of	f State)		
	P17000099	409			
	(Document Number of	Corporation (if known)			·· ·······
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adop	ts the followi	ng ame	:ndment(s) to
A. If amending name, enter the new na	me of the corporation:				
				The	new
name must be distinguishable and con "Corp" "Inc" or Co.," or the design word "chartered," "professional associa	cation "Corp," "Inc," or "(Co". A professional corporatio		abbrev	iation
B. Enter new principal office address,	<u>if applicable:</u>				<u> </u>
(Principal office address MUST BE A S	TREET ADDRESS)				
				•	
					
C. Enter new mailing address, if appl					
(Malling address <u>MAY BE A POST</u>	OFFICE BOX)				
7 7			A.1		
D. If amending the registered agent as new registered agent and/or the ne			of the		
·	STEVE OSTROVSKIY				
Name of New Registered Agent	4201 N STATE ROAD 7			_	
	(Florida str	est address)	•	 -	
	HOLLYWOOD	•	33021		
New Registered Office Address:		, F: (City)	lorida	o Coda)	
		()	,-4	,	
New Registered Agent's Signature, if c	hanging Registered Agent:	ام افقا في الا الاياد الاي	*.* ·.·		
I hereby accept the appointment as regis-	ered ageni. I am jamiliar v! 2-	with and accept the obligations of	j inc position	-	
	\int				
	6.4/_				
	Significant of New R	egistered 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 Sully Smith, SV as an Add.

X Chauge	<u>PT</u>	J <u>ohn Doe</u>					
X Remove	$\underline{\mathbf{v}}$	Mike Jones					
_X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>				
1) Change	VP	DENIS PODGORNY	4201 N STATE ROAD 7				
Add			HOLLYWOOD FL 33021				
X Remove							
2) Change		-					
Add							
Remove							
3) Change		-					
Add							
Remove							
4)Change							
Add							
Remove							
5) Change							
Add							
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6) Change							
Add							
Remove							

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<u>visions fo</u>	nent provides or implementi oplicable, indic	ng the amends	ge, reclassifi ment if not c	cation, or can ontained in th	cellation of is e amendment	ued shares, itself:	
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<u>visions fo</u>	or implementis	ng the amends	ge, reclassiff ment if not c	cation, or car	cellation of ix	med shares,	

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Aduption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	epted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	moved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
_	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
02/26/2018 Dated	1)//	
(By.a d se)ecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
ı	STEVE OSTROVSKIY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	