P1800034216

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: D AND R ALUM	INUM INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	pondence concerning this ma	etter to the following:	
	NANCY PRICE		
	-	Name of Contact Pe	erson
	D AND R ALUMINUM INC		
		Firm/ Company	,
	102 ROBERT JAMES DRIV		
		Address	
	VALRICO, FL 33594		
		City/ State and Zip	Code
NPRI	CEACCOUNTING@YAHO	O.COM	
	E-mail address: (to be u		port notification)
For further information	concerning this matter, pleas	se call:	
NANCY PRICE		813	477-7676
Name of Contact Person		Area	177-7676 Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida I	Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		An Div Cli	eet Address mendment Section rision of Corporations fton Building 1 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

D AND R ALUMINUM INC	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P18000034216	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	PRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	ed office address in Florida, enter the name of the
	(Florida street address)
New Registered Office Address:	, Florida
The state of the s	(City) (Zip Code)
	am familiar with and accept the obligations of the position.
Signa	tture of New Registered 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	JAMES HILL	11117 NEW BRIDGE DRIVE
Add			RIVERVIEW, FL 33579
X Remove			
2) Change	S	JAMES GILDER	12507 SPOTTSWOOD DRIVE
XAdd			RIVERVIEW, FL 33579
Remove			···
3) Change	SD	DANIEL A CALDWELL	5141 BONITA DRIVE
X Add			WIMAUMA, FL 33598
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional (Attach additional sheets, if necessa	ry). (Be specific)			
		- 		
	<u> </u>			
<u> </u>				
	-			
				
				
				
			 -	
		·		
				
f an amendment provides for an provisions for implementing the	<u>amendment if not c</u>	cation, or cancellation ontained in the amer	on of issued shares, and of issued shares are also shares and of issued shares.	
(if not applicable, indicate N/A	1)			
· · · · · · · · · · · · · · · · · ·				
			-	
				
				- ·

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s 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 votes cast for the amendme by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/01/2018	
Signature Maxcy Price	
(By a director president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en ourt
NANCY PRICE	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	