## P18000019842

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Arista Insulated Pa	nels, Inc.		
DOCUMENT NUM	BER: P18000049842			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Michael Lassner			
		Name of Contact Person		
	Allied Steel Buildings, Inc.			
	Firm/ Company			
	6451 N Federal Highway Sui	te 1202		
		Address	•	
	Fort Lauderdale FL 33308			
		City/ State and Zip Code	2	
mlas	sner@alliedbuildings.com			
	<del>-</del>	sed for future annual report	notification)	
			,	
For further informatic	on concerning this matter, pleas	se call:		
Wayne Crowder		at ( <u>561</u>	_) 762-0933	
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$43.75 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)	
Am Div P.C	iling Address endment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

## **Articles of Amendment**

ion

	to
	Articles of Incorporati of
rista Insulated Panels, Inc.	
-	(Name of Composition as composity filed to

Zein OCT 3/ P 2 55\_

· · · · · · · · · · · · · · · · · · ·	ntly filed with the Florida Dept. of State)
1800004942	5.5
(Document Number	of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation:	
Hied Insulated Panels, Inc.	The new
me must be distinguishable and contain the word "corpora Torp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
	N/A
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	
new registered agent and/or the new registered office address	
new registered agent and/or the new registered office address	
Name of New Registered Agent  Note: Name of New Registered Agent	
N/A Name of New Registered Agent	ess:

## 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 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		N/A	
Add			<del> </del>
Remove			
2) Change			
Add			· · · · · ·
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
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6) Change		_	
Add			
Remove			

(Attach additional	dding additional Articles, enter c sheets, if necessary). (Be specifi	c)		
N/A				
	<del>.</del> ,		<u></u>	
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				<del></del>
•				
F. If an amendment provisions for it	provides for an exchange, reclase nplementing the amendment if no	<u>sification, or cancella</u> at contained in the am	tion of issued shares, endment itself:	
(if not applie	rable, indicate N/A)		The state of the s	
N/A				
1	-			
•				
<del></del>	·		<del></del>	· · ·
			<del></del>	
			-	

	October 1, 2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
mappicane.	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	;)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	rnt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholde	т
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
October 1 Dated	2018	
Signature	MILL	
(By a c selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	τ
	Michael D Lassner	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

. . . .