P95000002444

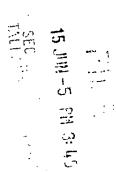
(R	equestor's Name)			
(A	ddress)			
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PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nar	ne)		
(D	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Thermoset Corpora	ation				
DOCUMENT NUM	MBER:					
	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	Adam Honig					
		Name of Contact Person	1			
	Thermoset Corporation					
		Firm/ Company				
	2148 NW 17th Street	•				
		Address		_		
	Pompano Beach, FL 33069					
		City/ State and Zip Cod	 e			
1	±@th arma a a stree a firm a com					
Dur 	t@thermosetroofing.com	d C. Characan and James	notification)	30	<u>k</u>	
	E-mail address: (to be us	sed for future annual report	nonneadon)		<u>م</u> ي	
For further informati	ion concerning this matter, pleas	se call:			15 JUN -5	اللاوالوالداري بالاعجازياري
Adam Honig		at (984-9099		믔	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Nam	Name of Contact Person Area Code & Daytime Telephone Num		nber	3:45	٠,	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		Ţ,	
\$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)			
Ai Di	Iniling Address mendment Section ivision of Corporations O. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Thermoset Corporation		· · · · · · · · · · · · · · · · · · ·
(Name of Corporation	on as currently filed with the Florida Dept, of State)	بې
P95000002444		2
(Docum	nent Number of Corporation (if known)	3.7.
(Docum	ion rumber of corporation (it known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the follow	wing amendment(s)
A. If amending name, enter the new name of the co	rporation:	
Thermoset Roofing Corp		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 ""Inc," or "Co". A professional corporation name muabbreviation "P.A."	abbreviation ist contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	<u>:</u> DRESS)	
		
C. Enter new mailing address, if applicable:	\V\	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the	
new registered agent and/or the new registered		
Name of New Registered Agent		
Nume of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	Zip Code)
	(City)	zip Coue)
	(City)	zip Coaej
Many Designated Agently Constitute if shought Des	ristared Agent	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position	on.
, , · ·		
		
Sign	nature 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				-
2) Change				
Add				
Remove				
3) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				<u> </u>
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
		-
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
(tj not appacable, inatcate N/A)		

The date of each amendment(s) adoption date this document was signed.	*	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	bes not meet the applicable statutory filing requirements, thint of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendm for approval.	ent(s)
	by the shareholders through voting groups. The following state of the group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Signature (By a director selected, by a appointed fide	president or other officer – if directors or officers have not be incorporator – if in the hands of a raceiver, trustee, or other iciary by that fiduciary) Honig	peen
	(Typed or printed name of person signing)	
Presid	ent	*
_ 	(Title of person signing)	
		15 JUN-5 PH 3: 45