P96000080288

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DIVISION OF CORPORATION

T Roberts OCT 2:3,2008)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	. DRYWALL INC
DOCUMENT NUMBER: P9600	0080288
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
FRANÇOIS SA	VARIA Contact Person)
ITR DRYWALL (Firm)	INC Company)
2405, rue FERNA	ND LAFONTAINE #100
LONGUEUIL OC (City/ State	JUN IN7 and Zip Code)
For further information concerning this matter, ple	ase call:
FRANCOIS SAVARIA (Name of Contact Person)	at (450) 442 - 1676 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & \$\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) (Additional Copy (Additional Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

TTR DRYMALING

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

P96000080288

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A.	If amending	name, enter	the new	name of	the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

- B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)
- C. Enter new mailing address, if applicable:
 (Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

_____, Florida

(Florida street address)

(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page t of 3

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)

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(if not app	licable, indicate N/A)) 		* .	
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The date of each amendment(s) a	doption:	Octo	ber 6	<u>", 2008</u>)	
Effective date if applicable:		<u>actob</u>	er 6t	, 2006	3	
	more than 90 a	lays after am	endment f	le date)		
			* s			,
Adoption of Amendment(s)	(CHEC	CK ONE)			e	. , ** .
The amendment(s) was/were add by the shareholders was/were su	opted by the sh ifficient for app	areholders. Toroval.	he numbe	er of votes ca	st for the	amendmen
The amendment(s) was/were approvided for "The number of votes cast f	each voting gr	oup entitled t	o vote şep	arately on th	e amendn	
				"·	·	
(voti	ng group)		•	, ,,		× **
The amendment(s) was/were add action was not required.	opted by the inc	corporators w	ithout sha	reholder acti	on and sh	areholder
Dated Oct	ber 9th,	2008	·.	21 T.	•	•
Signature	Dun du		₹	,		
selected?	ctor, president by an incorpor d fiduciary by t	ator - if in th	e hands of	rectors or off a receiver, t	icers have rustee, or	not been other cour
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•	(Typed	or printed na	ime of per	son signing)	r.	````
	<u>rres</u>	Title of perso	n signing) (2) (1)		