# 99000097563

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**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION:	CUSTOM WALLS IN	<u>C</u>
DOCUMENT NUM	ИВЕR:	P99000097563	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all corn	respondence concerning thi	is matter to the following:	
		LONNE DAVIS	
	N	ame of Contact Person	
_	CUS	STOM WALLS, INC	
		Firm/ Company	
_	6924	4 ALDERWOOD DR	
		Address	
	···	RASOTA, FL 34243	
	100 I -	E. Aol. Com d for future annual report notification)	
For further informati	on concerning this matter,	please call:	
	NNIE DAVIS  f Contact Person	at ( <u>94(</u> ) <u>35(</u> -	ephone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Depart	tment 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)
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e

### **Articles of Amendment** to Articles of Incorporation of

#### **CUSTOM WALLS INC**

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

## P99000097563

(Document Number of Corporation (if known)

owing

		Th
ame must be distinguishable and conta bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," "	the designation "Corp," "Inc," or	"Co". A professional corpo
. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>	•	
. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
. If amending the registered agent and/onew registered agent and/or the new r		rida, enter the name of the
Name of New Registered Agent:	LONNIE DAVIS	
	6924 ALDERWOOD DR	<u></u>
New Registered Office Address:	(Florida street addres	
New Registered Office Address:	SARASOTA (City)	, Florida <b>34243</b> (Zip Code)

Page 1 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	JAMES JOHNSON	1504 60TH ST E BRADENTON. FL 34208	
<u>P</u>	LONNIE DAVIS	6924 ALDERWOOD DR SARASOTA, FL 34243	☑ Add □ Remove
<del></del>			
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
provisi		e, reclassification, or cancellation of ent if not contained in the amendmen	
		,	

The date of each amendmen	t(s) adoption: 11-01-2011
Effective date <u>if applicable</u> :	11-01-2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
` '	ere adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemed for each voting 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)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and sharehold
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_11-0	)2-2011
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Lonnie Davis
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)