V46678

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C. 1/9/15

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: Formweld F	itting, Inc.	
DOCUMENT NUMBI	_{ER:} V46678		
The enclosed Articles o	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
<u> </u>	Katie Simon		
		Name of Contact Persor	1
(Canerector Inc.		
_		Firm/ Company	
	1 Sparks Avenue		
_		Address	
	North York, ON M	12H 2W1 Canad	la
_		City/ State and Zip Code	е
kein	non@canerector.	com	
<u></u>		ed for future annual report	notification)
		,	
For further information	concerning this matter, pleas	e call:	
Katie Simon		at (416	385-4349
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
	ing Address ndment Section		Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



FORMWELD FITTING, I	INC
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15 JAN 27 PM 2: 14

(Name of Corporation as currently filed with the Flo	nrida Dent. of State)
V46678	n ida Dept, of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	T.
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: Name of New Registered Agent N/A	
Nume of New Regimered Agent	
(Florida stre	pet address)
New Registered Office Address: (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	with and accept the obligations of the position.

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> Jo	ohn Doe				
X Remove	<u>V</u> <u>N</u>	Mike Jones				
X Add	<u>sv</u> <u>s</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	Р	Charles Hartwig	10069 N.W. 35TH AVE.			
Add			BRANFORD FL 32008			
Remove						
2) Change	Р	Kevin Dinwiddie	10069 N.W. 35TH AVE.			
Add			BRANFORD FL 32008			
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach <i>additional</i>	dding additional Artic sheets, if necessary).	(Be specific)			
				_	- -
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				T	
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f an amendment	provides for an exch	ange, reclassificat	tion, or cancellat	ion of issued shar	es.
(if not applied	nplementing the amer cable, indicate N/A)	idment if not con	tained in the ame	endment itself:	
()	,				

The date of each amendment(s) ad	option: December 11, 2014	FILEG SECRETARY OF STATE MINISTER OF CORE ORATIONS, if other than the	
date this document was signed. Effective date if applicable:	(no more than 90 days after	15 JAN 27 PH 2: 14	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado by the shareholders was/were suited	oted by the shareholders. The number of ficient for approval.	votes cast for the amendment(s)	-
	roved by the shareholders through voting geach voting group entitled to vote separat		
"The number of votes cast	or the amendment(s) was/were sufficient	for approval	
by	(voting group)	,,	
The amendment(s) was/were ado action was not required.	pted by the board of directors without sha	·	
Dated January	2, 2015		
selected	rector, president or other officer – if directly, by an incorporator – if in the hands of a ged fiduciary by that fiduciary)		
	William Nickel		
	(Typed or printed name	of person signing)	
	Director		
	(Title of person	signing)	

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