

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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And

R. WHITE APR 2 6 2018

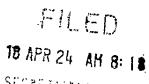
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COASTAL WIN	IDOW INSTALLATION INC			
DOCUMENT NUMBER: P18000018059				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
PHILLIP CURRID II				
	Name of Contact Person			
COASTAL WINDOW INS	TALLATION INC			
	Firm/ Company			
PO BOX 1177	, .			
	Address			
DEFUNIAK SPRINGS, FL 32435				
	City/ State and Zip Code			
PHIL@SOUTHERNWINDOWS.	DOURS, COM			
<u> </u>	used for future annual report notification)			
	,			
For further information concerning this matter, plea	ase call:			
PHILLIP I CURRID II	at (850) 951-3222			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Department of State:			
\$35 Filing Fee	Certified Copy (Additional copy is enclosed) \$\int \frac{1}{3}\frac{3}{2}\frac{5}{2}\frac{1}{2}\fr			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



	of	SECRETARY OFFICER
OASTAL WINDOW INSTALLATION INC		IALLANAS BALTISMOA
(Name of Corpora 18000018059	ition as currently filed with t	he Florida Dcpt. of State)
	ument Number of Corporation	(if known)
ursuant to the provisions of section 607.1006, Flori Articles of Incorporation:	•	
If amending name, enter the new name of the	corporation:	
		The new
ame must be distinguishable and contain the wo Corp., "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	p," "Inc," or "Co". A profe	
Enter new principal office address, if applicable vincipal office address MUST BE A STREET AD		
		
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	0 <i>X</i> 1	
(anning according to the particle property of the property		
If amending the registered agent and/or register		enter the name of the
new registered agent and/or the new registered	i ovince address:	
Name of New Registered Agent		
	(Florida street address)	
	(Fiorida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	\ - <i>></i> /	
w Registered Agent's Signature, if changing Reg	ustered Agent:	ALCONOMIC STATE OF ST
ereby accept the appointment as registered agent.	i am jamiliar with and accept	the obligations of the position.
Sign	ature 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	JARRETT B BRONSON	2007 COLLINSWORTH RD
Add			WESTVILLE, FL 32464
X Remove			
2) Change	 _		
Add			
Remove			
3)Change		<u> </u>	
Add			
Remove			
4) Change			
Add		•	
Remave			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

. . . .

(west Meses [55]	or adding additiogal . onal sheets, if necessar	y). (Be specific)			
					
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provisions for	ent provides for an ex r implementing the an olicable, indicate N/A)	change, reclassific nendment if not co	ation, or cancellati utained in the ame	ion of issued shares adment itself:	
				<u> </u>	
					
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The date of each amendment(side this document was signed.	s) adoption:	, if other than the
•	APRIL 20, 2018	
Effective date if applicable:		
	(no more than 91) days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and sharcho	lder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
APRIL 2 Dated	0, 2018	
Signature	2	
(By scied	director, president or other officer – if directors or officers have not bee ted, by an incorporator – if in the hands of a receiver, trustee, or other co inted fiduciary by that fiduciary)	n Lurt
	PHILLIP J CURRID II	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	