## N 05514

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HURRICANE HUNTERS, INC
DOCUMENT NUMBER: NO5514
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUAN M. BLANCO (Name of Contact Person)
(Name of Contact Person)
HURRICANE HUNTERS INC (Firm/Company)
1192 CROSSWINDS DR (Address)
(Address)
GREEN COVE SPRINGS FL 32043 (City/ State and Zip Code)
_
N 1855 dd Q YAhoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUAN M. BLANCO at (904) 710-7335  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee S43.75 Filing Fee Scrifficate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)

**Mailing Address** 

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation	•
0f	~
HURRICANE HUNDERS, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	بی
N 05514	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts amendment(s) to its Articles of Incorporation:	s the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Cor" "Company" or "Co." may not be used in the name.	p." or "Inc."
B. Enter new principal office address, if applicable: HURRICANE HUNTERS, IN	C
(Principal office address MUST BE A STREET ADDRESS) 192 CROSS WINDS DR	···
GREEN Cove SPRINGS, F	1 32043
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)    URRICANE   UNTERS,	INC
1192 CROSS WINDS DR	<del></del>
GREEN COVE SPRINGS, 1	1 32043
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:	
-T	
Name of New Registered Agent:UAN M. BLANCO	
1192 CROSS WINDS OR (Florida street address)	
New Registered Office Address:	
GRENCOVE SPRINGS Florida 3 (City) (Zip Code)	32043
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 positi	on.
Signature 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, na 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n Doc e Jones y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>5/D</u>	EVANS, JAMOS J	1440 AUGUSTA RD
Remove  2) Change Add Remove	YT/P	BLANCO, JUAN M.	ORLANDO, FL 32826 1192 CROSSWINDS DR GREDN COUP SPRIES FL 32
3) Change Add Remove	SID	Nelson, Arvid	GREEN COVE SPRINGS, FL 32 141 MANGO CT. MINDLEBURG, FL Z2068
4) Change Add	D	Biddle LesTer BJR	3348 Highway 79
Remove  5) Change Add	D	POLLETA, GARY W.	VERNON, FL 32462 4737 GLENWOOL AVE
Remove 6) Change Add Remove	<del></del>		JACKSONVILLE, F1 32205
		articles, enter change(s) here:  (Be specific)	<del></del>
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The date of each amendment(s) ad	ontion:			if other than the
date this document was signed.			·	, in other than the
-				
Effective date <u>if applicable</u> :	(no more than 90)	····		
	(no more than 90)	da <u>vs after amendment</u>	file date)	
Note: If the date inserted in this blod document's effective date on the Dep	ck does not meet the appoartment of State's record	olicable statutory filing ds.	requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ad was/were sufficient for approva	lopted by the members a	and the number of votes	s cast for the amendment(s)	

adopted by the board of directors	
Dated <u>1300</u>	T2020
Signature	
(By the chairmann have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or sointed fiduciary by that fiduciary)
	TUAN M. BLANCO (Typed or printed name of person signing)
	10e - PRESIDENT / TREASURER (Tiple of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were