Florida Department n of Corpora

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059 Phone : (727)362-6151

: (727)362-6131 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **GULF ALUMINUM PRODUCTS, INC.**

Certificate of Status	0
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Page Count	05
Estimated Charge	\$35.00

JUL 08 2021

I ALBRITTON

To:

☐ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of

GULF ALUMINUM PRODUCTS, INC				
(<u>Name</u>	of Corporation as currently fi	led with the Florida De	ept. of State)	
233536				
	(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 60' its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Flor</i>	rida Profit Corporation	adopts the following	ing-amendment(s) t
A. If amending name, enter the new i	name of the corporation:			
				The new
name must be distinguishable and contai "Inc.," or Co." or the designation " "chartered," "professional association.	Corp," "Inc," or "Co". A pir	rany," or "incorporated ofessional corporation	I" or the abbreviat name must conta	ion "Corp.," iin the word
B. Enter new principal office address (Principal office address MUST BE A.S.	, if applicable: STREET ADDRESS)			
	-			
	_			·
C. Enter new mailing address, if app	licable:			
(Mailing address MAY BE A POST				<u> </u>
				<u></u>
				(i) 15
	-			75 %
 If amending the registered agent as new registered agent and/or the ne 		n Florida, enter the na	ime of the	
	ELLISON & LAZENBY, PLLO	** **		
Name of New Registered Agent	150 2ND AVE. N., SUITE 1770		•	_
	(Florida street aa			-
V D V 100 411	ST. PETERSBURG		. Florida 33701	
New Registered Office Address:	(City))	_,	Code)
New Registered Agent's Signature, if conhereby accept the appointment as regist	hanging Registered Agent: ered agent - Lam familiar with a	nd accept the obligation	ns of the position.	
	111 /	,	, ,	
Lh.	1/1/-/2			
	Signature of New Registe	red Agent, if changing		-
	ingining by the neglish	- are estate out in a mountained		

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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)

Fax: 17273626151

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> <u>Jol</u>	John Doe			
X Remove	<u>V</u> <u>Mi</u>	ke Jones			
X Add	<u>SV</u> <u>Sal</u>	lly Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	P,D	WILLIAM I. SILVERSTEIN	12255 62ND ST. N.		
Add			LARGO, FL 33773		
X Remove					
2) Change	<u>VP, D</u>	DAVID M. CHOATE	12255 62ND ST.		
XAdd			LARGO. FL 33773		
Remove 3) Change	<u>P, D</u>	SCOTT CURRAN	12255 62ND ST. LARGO, FL 33773		
\underline{X} Add					
Remove			·		
4) Change					
Add					
Remove					
5)Change					
Add					
Remove					
5) Change					
Add					
Remove					

From: William Lazenby

Fax: 17273626151

To:

Fax: (850) 617-6380

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Attach adamonai shet	ets, if necessary).	(Be specific)	i <u>ge(s) here</u> :			
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f an amendment prov	videc for an each	ange reclassifi	estion, or cancel	llation of issued	shares.	
provisions for implem	menting the amer	rdment if not co	ontained in the :	amendment itsel	<u>f:</u>	
(if not applicable,	indicate N/A)					
			<u> </u>			
					<u></u>	
						

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be listed as the s records.
Adoption of Amendment(s) (CHECK	ONE)
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approx	nolders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group	cholders through voting groups. The following statement of entitled to vote separately on the amendmentts):
"The number of votes east for the amendmen	n(s) was/were sufficient for approval
by(voting gr	nuni
(mag.g.	<i>M</i> 47
Dated Volv 1 20	21
Summer South	
Signature (By a director, president of	r other officer - if directors or officers have not been
selected, by an incorporal appointed fiduciary by th	or – if in the hands of a receiver, trustee, or other court at fiduciary)
Seoff	or printed name of person signing)
(Турес	or printed name of person signing)
Tues	ndert
(Title c	f person signing)