## 505643

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## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPO	ARCHITECTURA RATION:	LOPENINGS, INCORPO	RATED
DOCUMENT NUM	505643 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for tiling.	
Please return all corre	spondence concerning this ma	itter to the following:	
	DAVID C. BUSSART		
	Name of Contact Person ARCHITECTURAL OPENINGS, INCORPORATED		
	• • • • • • • • • • • • • • • • • • • •	Firm/ Company	
	1975 CORPORATE SQUAR	E	
	Address LONGWOOD FLORIDA 32750		
	City/ State and Zip Code		
	aoisales@embarqmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
David C. Bussart		407 at (	314-1166
Name	of Contact Person	Агеа Со	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The C 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ARCHITECTURAL	OPENINGS:	INCORPOR.	ATED

(Name	of Corporation as currently	y filed with the Florida Dept. of S	State)
505643			<del></del>
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Horida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl			. ,
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent ar new registered agent and/or the new			the
Name of New Registered Agent	NANCY L. BUSSART		
	2333 CAROLTON RD		一门一
	(Florida stre	ret address)	
New Registered Office Address:	N/A SAME	, Flor	.1.1.
		, r 101 (City)	(Zip Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations of th	te position.
	1 5	$\overline{}$	
i/	men Li	Surveye	
	Signature of New Re	gistered Agent, if changing	<del></del>

Check if applicable

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

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 = Fice 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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	<u>Title</u>	Name	Address	
(Check One)  1) Change	D	CHRISTOPHER L. BUSSART JR.	2333 CAROLTON RD	
Add			MAITLAND, FLORIDA 32751	
X Remove				
2) Change	D	NANCY I. BUSSART	2333 CAROLTON RD	
X Add			MAITLAND FL. 32751	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5)Change				
Add				
Remove				
6)Change		<del>_</del>	-	
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here:  (Be specific)
	NA
	<del>- ,                                   </del>
	<del></del>
···	
<del></del>	<del></del>
f an amandment provides for an evel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1.
	N/A
	,
	<del></del>
	· · · · · · · · · · · · · · · · · · ·

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing appartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cas ufficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. It each voting group entitled to vote separately on the	
"The number of votes cas	for the amendment(s) was/were sufficient for appro-	val
by		
	(voting group)	
MARCH ( Dated_	31, 2021	
Signature	Janu Z. Burrow	
selecte	tirector, president or other officer – if directors or of ed, by an incorporator – if in the hands of a receiver, sted fiduciary by that fiduciary)	
	NANCY L BUSSARF	
	(Typed or printed name of person signif	<u>g)</u>
	DIRECTOR /SECRETARY/TREASURER	
	(Title of person signing)	<del></del>