N06000011826

. (Requestor's Name) (Address) (Address)	400186390924
(City/State/Zip/Phone #)	10/08/1001011020 **43.75
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Growth Growth Gr	TO NOV 12 PM 2:07 March 2:07 Marc





FLORIDA DEPARTMENT OF STATE **Division of Corporations**

JOSEPH L. TROTTIE, III 1734 GALLADION CT. JACKSONVILLE, FL 32218

SUBJECT: TWIN THUNDER, INC. Ref. Number: N06000011826

We have received your document for TWIN THUNDER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2010 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application or annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$236.25. Add an additional \$8.75 for each certificate of status requested.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an Acorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary.

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the corporation is a NOT FOR PROFIT corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, epther court appointed fiduciary, by that fiduciary. LL

Plase feturn your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell

Regulatory Specialist II

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Letter Number: 410A00024099

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Twin Thunder, Inc.

DOCUMENT NUMBER: N06000011826

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH L. TROTTIE, III

(Name of Contact Person)

(Firm/ Company)

1734 GALLADION CT

(Address)

JACKSONVILLE, FL 32218

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH L. TROTTIE, III	_at (904) 343-1759
(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

Status Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 ☑ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Articles of Amendment to Articles of Incorporation of

TWIN THUNDER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000011826

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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 "Corp." or "Inc." <u>"Company" or "Co." may not be used in the name</u>.

B. Enter new principal office address, if applicable: (Principal office address MUST RE A STREET ADDRESS)

(Principal office address <u>MUST BE A STREET ADDRESS</u>)

- C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)
- D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the</u> <u>new registered agent and/or the new registered office address:</u>

Name of New Registered Agent:	JOSEPH L. TROTTIE, III	
	1734 GALLADION CT.	
<u>New Registered Office Address:</u>	(Florida street address)	
	JACKSONVILLE	, Florida 32218
	(City)	(Zip Code)

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 position.

Signature of New Registered Agent, if changing

Page 1 of 3



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 addi	tional sheets, if necessary) Name	Address_	Type of Action
PRES	JOSEPH L. TROTTIE, III	1734 GALLADION CT. JACKSONVILLE, FL 32218	_ 🖸 Add _ 🗆 Remove
COOR.	STAN TOOTE	261 PORTA ROSA CIRCLE ST. AUGUSTINE, FL 32092	_ 🖸 Add _ 🗋 Remove
			_ 🗌 Add _ 🗋 Remove
	ing or adding additional Articles, ent ditional sheets, if necessary). (Be spe		
	VI: BOARD OF DIRECTORS	,	
ARTICLE	VII: REGISTERED AGENT		
		,,,,,,,,,_	

ARTICLE VI: BOARD OF DIRECTORS

ADD

TITLE	NAME	ADDRESS
PRESIDENT:	JOSEPH L. TROTTIE	1734 GALLADION CT. JACKSONVILLE, FL 32218
COORDINATOR:	STAN TOOTE	261 PORTA ROSA CIRCLE, JACKSONVILLE, FL 32092
SECRETARY:	JASON A. JACKSON	55058 BEAR RUN RD, CALLAHAN, FL 32011

REMOVE

PRESIDENT: TOMMIE WRIGHT	4657 HARBORVIEW, JACKSONVILLE, FL 32208
SECRETARY: KENNETH MASON	3403 PROVINCIAL CIRCLE, EAST, JACKSONVILLE, FL 32277
V. PRESIDENT: ROBERT LITTLES	6631 THURGOOD CENTER, EAST JACKSONVILLE, FL 32221

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The date of each amendment(s) adoption: 09-27-2010

Effective date *if applicable*:

(date of adoption is required)

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- I The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
 - There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/8 (10

Signature _

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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