## P0900086518

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Anund a 12/2/09

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: A to Z Storm Protection, Inc
DOCUMENT NUMBER: P0900086518
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kaylynne Buckbalter-Sepulveda Name of Contact Person
A to 2 Storm Protection
2227 Murphy Ct. Unit 1
North Port F1. 34289 City/ State and Zip Code
Kay unne ato 25 torm protection. Com H-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Kay Unne Buckhaller-Sewland (941) 876-4419  Name of Contact Person Area Code & Daytime Telephone Number
Englosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status    \$43.75 Filing Fee & Certificate of Status   \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certificat
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



November 17, 2009

KAYLYNNE BUCKHALTER-SEPULVEDA A TO Z STORM PROTECTION, INC. 2227 MURPHY CT., UNIT 1 NORTH PORT, FL 34289

SUBJECT: A TO Z STORM PROTECTION, INC.

Ref. Number: P09000086518

We have received your document for A TO Z STORM PROTECTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return 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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 109A00035847

## **Articles of Amendment**

to

Articles of incorporation	
of	
Ch Dalastia	T-0
Storm Protection.	Anc
as currently filed with the Florida Dept. of State)	<del></del>
200006/610	

(Document Number of Corporation (if known)

(Name of Corporation:

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "p	he designation "Corp," "Inc," or	"Co". A professiona	al corpor
B. Enter new principal office address, if ap			<del></del>
Principal office address <u>MUST BE A STRE</u>	<u></u>		
C. Enter new mailing address, if applicab	le:		
(Mailing address MAY BE A POST OFF			<del></del>
(Mailing address <u>MAY BE A POST OF F</u>	<u></u>		<del></del>
(Mailing address MAY BE A POST OFF  D. If amending the registered agent and/or	r registered office address in Flor	rida, enter the name	
(Mailing address MAY BE A POST OFF  D. If amending the registered agent and/or new registered agent and/or the new registered agent.)	r registered office address in Flor	rida, enter the name	
(Mailing address MAY BE A POST OFF  D. If amending the registered agent and/or	r registered office address in Flor	rida, enter the name	
(Mailing address MAY BE A POST OFF  ). If amending the registered agent and/or new registered agent and/or the new registered agent.	r registered office address in Flor		<del></del>
(Mailing address MAY BE A POST OFF  D. If amending the registered agent and/or new registered agent and/or the new registered agent:  Name of New Registered Agent:	r registered office address in Flor		<del></del>

## 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)

<u>Title</u>	Name 0 11.	<u>Addrèss</u>	Type of Action
5	Karen Addison	2227 Murphy Ct. Unit! North Port, Fl 34289	Add Remove
<u>S.</u>	Kaylynne Buckhalker	- 2227 murphy ct. - Unit I North Port, Fl. 3420	Add Remove
		•	☐ Add ☐ Remove
(attach d	additional sheets, if necessary). (Be specif	ic)	
provis	imendment provides for an exchange, recl ions for implementing the amendment if n	assification, or cancellation of iss not contained in the amendment i	ued shares, tself:
(if	not applicable, indicate N/A)		

The date of each amendment(s) adoption: Nov. 4, 2009
(date of adoption is required)
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 11/30/09
Signature Kayhyne Buckhalter-Sepuheda
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Kay Lynne Buckhalter - Seculveda (Typed or printed name of person signing)
Treasurer  (Title of person signing)