## P10000047476

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SECRETARY OF STATE TALL ANALOSET OF STATE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Shutter	up Storm Protec	tion Inc		
DOCUMENT NUMBER: PIOCOCO	474710			
The enclosed Articles of Amendment and fee are su	ibmitted for filing.			
Please return all correspondence concerning this matter to the following:				
Ulssica Name	KODOSKO of Contact Person			
	Storm Protect	aoi_		
1200 300tia	Dr 303 Address	<del></del>		
Hypoluxo F	=L 334L02 tate and Zip Code	<del></del>		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ulssica Kobosho Name of Contact Person	at (50) 870 31	193 none Number		
Enclosed is a check for the following amount made	payable to the Florida Departm	ent of State:		
\$35 Filing Fee \$Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

Shutter Up Storm Proto		40 ·
(Name of Corporation as currently filed with	n the Florida Dept. of State)	5 G
P110000474760	***	Some Sign
(Document Number of Corpora	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Profit Corporation ado	pts the follo
A. If amending name, enter the new name of the corporati	ion:	
Shutter Up Hurricane Shu name must be distinguishable and contain the word "coi		_The new
abbreviation "Corp.," "Inc.," or Co.," or the designation " name must contain the word "chartered," "professional assoc	Corp," "Inc," or "Co". A professional c	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1200 Scotia Dr 303	L
(Frincipui office unuress <u>MOST BE A STREET ADDRESS</u> )	Hypoluxo FL 33462	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1300 Scotia Dr 303	- 5
	HYPOLUXO FL 3346	3
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		<u>he</u>
Name of New Registered Agent:		
New Registered Office Address: (Flo	rida street address)	
	, Florida	
(Cit)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		e position.
Signature of Ne	w Registered Agent, if changing	

## 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>	<u>Name</u>	Address	Type of Action
<u>P</u>	Brian hobosho	1200 Scotia Dr 303 Hypoliuxo Fl 334L	3 ☑ Add 22 ☐ Remove
_ρ	Jeremey Hobosho	3020 Springfilldi Light Worth FL 32	- Add Pit® Remove
<del></del>			
E. <u>If amer</u> (attach d	nding or adding additional Articles, ente additional sheets, if necessary). (Be spec	r change(s) here:	
provis	mendment provides for an exchange, reions for implementing the amendment it not applicable, indicate N/A)	classification, or cancellation of is f not contained in the amendment	sued shares, itself:

The date of each amendment(s)	
W 60 (1 1 ( 10 1) 11	(date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
The amendment(s) was/were must be separately provided j	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated A	pril II, aoII
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Terement Mobosho (Typed or printed name of person signing)
	President (Title of person signing)