## P11000066223

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Hurricane Storm Panel MFG Inc.				
DOCUMENT NUMBER: P11000066223				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Aaron Gallagher Name of Contact Person				
Firm/ Company				
1140 Summit Dr Watkinsville GA 30677				
Watkinsville GA 30677 City/ State and Zip Code				
E-mail address: (to be used for firture annual report notification)				
For further information concerning this matter, please call:				
Aaron Gallagher at 321 652-2284				
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				
Mailing Address Amendment Section  Amendment Section				
Amendment Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles	of Amendment
	to

	Articles of Amendment	
	Articles of Incorporation	M
Hurricone Storm Pa	anel Maryfuth	NC
Cllsss 1600	ion as currently filed with the Florid	la Dept. of State)
T 110000 66 792		
	ment Number of Corporation (if know	<i>'</i>
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	a Statutes, this Florida Profit Corpora	ation adopts the following amendment(s)
. If amending name, enter the new name of the co	orporation:	
		The new
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	" or "Co". A professional cornere	rated" or the abbreviation "Corp.," attornion name must contain the word
Enter new principal office address, if applicable		_
Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u> )	22
	<del></del>	7070 C
		<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	( <b>Y</b> )	22
<u> </u>	<u> </u>	
	<del> </del>	<u>``</u>
		<u>3</u>
If amending the registered agent and/or register	ed office address in Florida, enter t	he name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		
		· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	stered Agent: I am familiar with and accept the obli-	gations of the position
· <b>U</b>	,	,, paurium
0:	ture of Mon. Proc. 1.1	
Signal	ture of New Registered Agent, if chang	ging

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 = 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>\psi</u>	Joe Gallagher	1720 Main St. NE
Add Remove	VD		Unit Palm Bay Fl 32905
2) Change	VP	Dianne Gallagher	1720 Main St NE Unit
Add  Remove Change			falm Bay FL 32905
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<i>δ</i> ) Change			
Add			
Remove			

amending or adding additional Artach additional sheets, if necessary).	. (Be specific)
×	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
orovisions for implementing the amo (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(ij noi applicable, inaicale WA)	

•

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
Effective date if applicable: (no more than 90 days after amo	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory follocument's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directo action was not required.	rs without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gro must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	,,
by(voting group)	<del></del>
Signature  (By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a rectappointed fiduciary by that fiduciary)	or officers have not been eiver, trustee, or other court
Typed or printed name of person	signing)
President	
(Title of person signing)	

Aaron Gallagher 321 652 2284 1140 summit dr Watkinsville ga 30677 We are transferring ownership from Joe and Dianne Gallagher to Aaron Gallagher thanks