## P14000032135

(Re	equestor's Name)	
(Ac	ldress)	<u>.</u>
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT,	MAIL
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(Do	ocument Number)	
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Amendicc no 9.14

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORA DOCUMENT NUMBE	TION: SHORTYS		S INC		
	Amendment and fee are su				
Please return all correspo	ondence concerning this ma	tter to the following:			
C	CHRISTOPHER GARRISON				
_	······································	Name of Contact Person	n		
Firm/ Company					
7005 DE AURRECOECHEA DRIVE					
c	COUTUDODT F	Address			
SOUTHPORT, FL 32409					
		City/ State and Zip Cod	e		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CHRIS GARRISON		at (850	358-6082		
Name of 0	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for th	ne following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	g Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327 Clifton Building		Building			
Tallahassee, FL 32314		2661 E	xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## SHORTY'S STRUCTURES INC (Name of Corporation as currently filed with the Florida Dept. of State) P14000032135 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: . Florida 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

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	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	CHRISTOPHER GARRISON	7005 DE AURRECOECHE
Add			SOUTHPORT, FL 32409
Remove			
2) Change	V	MICKIE JOHNSON	P O BOX 8127
Add			SOUTHPORT, FL 32409
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
<b>_</b>			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	inge, reclassific	inge, reclassification, or cance dment if not contained in the a	onge, reclassification, or cancellation of issued s

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
The amendment(s) was/were apparately provided for	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 05/09/20	014	
Gignature C		
(By a d	irector president or other officer - if directors or officers have not been	_
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	CHRISTOPHER GARRISON	
	(Typed or printed name of person signing)	<b></b>
	PRESIDENT	
	(Title of person signing)	<b>-</b>