P150000 11376





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01/03/22--01007--016 **35.00



C. BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Casey Hawkins Gl	ass Inc				
DOCUMENT NUMB	01-20	011376				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Casey Hawkins					
-	Name of Contact Person					
	Firm/ Company					
	2820 Sanford Ave					
-	Address					
· ·	Sanford, FL 32773					
		City/ State and Zip Code	e			
,	caseyhawkins32@hotmail.com					
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Casey Hawkins		at (<u>407</u>	235-4967			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation of

Casey Hawkins Glass Inc	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000011376	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	20:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Studing unitess MAT BE ATOST OTTICE BOA)	第一章 [7]
	——————————————————————————————————————
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D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(6	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Res	gistered Agent, if changing

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.

Example:

X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	S		Leslie M Lepore	2499 Whitehorse St
X Add		_		Deltona, FL 32738
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		••••		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

f amending or adding addition Attach <i>additional sheets, if nece</i> .	ssary). (Be specific)	<u> </u>		
			<u> </u>	
	<del></del>			
				<del> </del>
				•
<del></del>		<u> </u>		<del></del>
<u> </u>				
				,
<u>-</u>			<del></del>	
71-72-01-11-1				•
				·
an amendment provides for	an exchange, reclassifica	ition, or cancellation o	of issued shares,	
<u>provisions for implementing t</u>	he amendment if not cor	ntained in the amendn	gent itself:	
(if not applicable, indicate	N/A)			
				·-·-
··		<u> </u>		
		,		

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the ent for approval.	e amendment(s)
	d by the shareholders through voting groups. The folioworting group entitled to vote separately on the amend	
"The number of votes east for t	he amendment(s) was/were sufficient for approval	
by	,"·	
	(voting group)	
selected, by	or, president or other officer – if directors or officers han incorporator – if in the hands of a receiver, trustee duciary by that fiduciary)	
Cas	ry Hawkins	
Pres	(Typed or printed name of person signing) ident (Title of person signing)	