P16000063981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _______ Certificates of Status _______

Special Instructions to Filing Officer:

spoke to Joe Schoonover on 8/31/17 to remove pages 3 and 4 of 6 of the profit social/Benefit forms which he approved.

ST

Office Use Only

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08/24/17--01004--017 **35.00

S. TALLENT

AUG 3 1 2017

Amend

FILED

17 AUG 31 PM 2:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** Repair Specialists of all Hurricane Shutters, INC. d/b/a Shutters239

**DOCUMENT NUMBER:** P16000063981

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Schoonover (Joseph L. Schoonover)
Name of Contact Person

Firm/ Company

1035 SE 26th Terr.
Address

Cape Coral, Fl. 33904
City/ State and Zip Code

hurricaneprotection239@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Schoonover at (239) 851-2511
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
- ☐ $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)

**Mailing Address**
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**

Repair Specialists of all Hurricane Shutters, INC.
(Name of Corporation as currently filed with the Florida Dept. of State) d/b/a Shutters239

P16000063981
(Document Number of Corporation (if known)

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

**A. If amending name, enter the new name of the corporation:**

N/A *The new 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)***

N/A

**C. Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

N/A

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TALLAHASSEE, FLORIDA

**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* N/A

(Florida street address)

*New Registered Office Address:* N/A, Florida
(City) (Zip Code)

**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.*

N/A
*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.*

**Example:**

| | | |
|---|---|---|
| X Change | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ____ Change | T | JuaN GuTieRRez | 824 AlderMAN ST. |
| ____ Add | | | #205 |
| X Remove | | | FT. Myers, Fl. 33916 |
| 2) ____ Change | ____ | ____ | ____ |
| ____ Add | | | ____ |
| ____ Remove | | | ____ |
| 3) ____ Change | ____ | ____ | ____ |
| ____ Add | | | ____ |
| ____ Remove | | | ____ |
| 4) ____ Change | ____ | ____ | ____ |
| ____ Add | | | ____ |
| ____ Remove | | | ____ |
| 5) ____ Change | ____ | ____ | ____ |
| ____ Add | | | ____ |
| ____ Remove | | | ____ |
| 6) ____ Change | ____ | ____ | ____ |
| ____ Add | | | ____ |
| ____ Remove | | | ____ |

**G. If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary*). *(Be specific)*

NA

**H. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
*(if not applicable, indicate N/A)*

NA

**The date of each amendment(s) adoption:** 8-18-17, if other than the date this document was signed.

**Effective date** **<u>if applicable</u>:** ______________________

*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s)** **<u>(CHECK ONE)</u>**

☐ ~~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 8-18-17

Signature Joe Schoonover

(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)

Joe Schoonover

(Typed or printed name of person signing)

President - Director

(Title of person signing)