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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GULF COOST WINDOWS and MOVE, IT DOCUMENT NUMBER: P17000009104
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Buf Coast Windows and More, Inc.
6431 Carmella Way 5
Scrossto, FL 34243 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Kyra Keelon 941 704-8024 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & 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

GULF COAST WINDOWS AND MORE, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P1700000964	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida 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 "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u>(−</u> €. ≯:: →
	E 1
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Σ ω
	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>s:</u>
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
i nerevy accept the appointment as registerea agent. I am jamittar	wan and accept the congations 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.

Example: X_Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)ChangeAdd		Kira Keelen	201020ta, FL 34243
Remove			
2) Change Add	IK	Kay Kodriguez	1239 Carmella Pl Sarasota, FL 34243
Remove 3) Change	() -	Brody Bauginma	n 1520 N. Pearl St
X Add		Sicrety street, in the	Mokomis, FL
Remove 4) Change		Pete Keelen	1318 Penn St
Add Remove			Harrisburg, 777
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or adding addi</u> (Attach <i>additional sheets, if n</i>	ecessary). (Be specifi	c)		
				
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. If an amendment provides	for an exchange, reclas	sification, or cane	ellation of issued sha	ares,
provisions for implementi (if not applicable, indic	$\frac{1}{1}$ ng the amendment if no cate N/A	ot contained in the	amendment itself:	
(9 1.01 - 17)	,			
<u> </u>				
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		<u> </u>		

	:0 a a a
The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
(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	
Signature The Till	_
(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)	
1 () 1 /	
Kim Keelen	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	