P20000058868

| (Re | equestor's Name) | | | |
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COVER LETTER -

| Division of Corporations |
|---|
| NAME OF CORPORATION: JUST A GLAZEN OF FLORIDA INC |
| DOCUMENT NUMBER: <u>P20000058868</u> |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| HEATHER Chapman Name of Contact Person JUST A GLAZAN OF FLORIDA, INC Firm/ Company LO950 STABLE COURT Address STCLOUD, FL 3477/ City/ State and Zip Code Chapman 1 Heather @ y ahoo. com E-mail address (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Heather Chapman at 407 908-1995 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 |

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

| JUST A GLAZEN | OF FLORIDA INC | |
|--|---|-------------------|
| (Name of Corporation as currently | filed with the Florida Dept. of State) | |
| P20000059 | 37 <i>6</i> 8 | |
| (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 amend | ment(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| JUST A GLAZIN | of FloriDA, INC The n | ı.m.ı |
| name must be distinguishable and contain the word "corporation," "c: "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | impany," or "incorporated" or the abbreviation "Corp |)., '' |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 6950 STABLE CT SAINT Cloud, FC 39 | - <u>4</u> 771 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 6950 STABLE CT SAINT CLOUD, FL34 | - _^クフ/ |
| D. If amending the registered agent and/or registered office address: | ess in Florida, enter the name of the | _ |
| Name of New Registered Agent | | 5 . |
| | | - |
| (Florida stree | et address) | D |
| New Registered Office Address: | , Florida | مد م |
| '' | (21) Code) | 12 |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se | ith and accept the obligations of the position. | |
| Signature of New Po | gistered Agent, if changing | |
| Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c) | | |

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 | <u>PT</u> | John Do | <u>oe</u> | |
|----------------------------|--------------|-------------|-------------|---|
| X Remove | <u>V</u> | Mike Jo | <u>nes</u> | |
| X Add | <u>sv</u> | Sally So | nith | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove 3) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | - · · · · · · · · · · · · · · · · · · · |
| Add | | _ | | |
| | | | | |
| Remove | | | | |

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| an amendment provides for an exchange, reclassification, or cancella provisions for implementing the amendment if not contained in the an | tion of issued share iendment itself: | es, |
| (if not applicable, indicate N/A) | | |
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| The date of each amendment(s) adoption: date this document was signed. | 7-30-2020 | , it other than the |
|---|--|--|
| Effective date <u>if applicable</u> : | 7-30-2020 (no more than 90 days after amendment file date | ·) |
| Note: If the date inserted in this block does reduce the document's effective date on the Department of | not meet the applicable statutory filing requirement f State's records. | nts, this date will not be listed as the |
| Adoption of Amendment(s) (<u>CI</u> | HECK ONE) | |
| The amendment(s) was/were adopted by the action was not required. | incorporators, or board of directors without shareh | nolder action and shareholder |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | shareholders. The number of votes cast for the an approval. | nendment(s) |
| | ne shareholders through voting groups. The following group entitled to vote separately on the amendment | |
| "The number of votes cast for the ame | endment(s) was/were sufficient for approval | |
| by | ting group) | |
| (vo. | ting group) | |
| Dated 8-7-3 Signature AUNU (C | 3020 | |
| Signature, HUMU (G | hapme | |
| (By a director, pres selected, by an inc | sident or other officer – if directors or officers have corporator – if in the hands of a receiver, trustee, or y by that fiduciary) | |
| _Hea | Ther Chapman (Typed or printed name of person signing) | |
| Ro | GISTERED Agent | P |