

P220000040636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

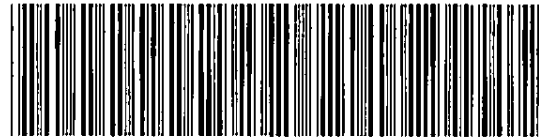
(Document Number)

Printed Copies _____

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Special Instructions to Filing Officer:

Office Use Only



600400113756

Amend

A. RAMSEY

JAN 11 2023

3:42

2023 JAN 10 AM 9:19

FILED

*02250, 00524 00671

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: 35.00

AUTHORIZATION: _____

NA AUTO GLASS INC

P22000040363

Business Name

Document Number, (if known):

____ Walk in

____ Pick up time _____

____ Mail out

____ Will wait ____ Photocopy

____ **Certified Copy of Articles of Incorporation**

____ **Certificate of Status**

NEW FILINGS

____ Profit

____ Not for Profit

____ Limited Liability

____ Domestication

____ Other

____ **CORP**

____ **PLLC**

AMMENDMENTS

____ **X** Amendment

____ Resignation of R.A. Officer/Director

____ Change of Registered Agent

____ Dissolution

____ Merger

____ **Conversion**

____ **Statement of Revocation of
Dissolution**

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ APOSTIL() _____

____ Other
Country

REGISTRATION/QUALIFICATIONS

____ Foreign filing

____ Limited Partnership

____ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NA AUTO GLASS INC.

DOCUMENT NUMBER: P22000040636

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

Please return all correspondence concerning this matter to the following:

TRACEY J. FIERRO

Name of Contact Person

ACCOUNTING SOLUTIONS FOR BUISNESS, INC.

Firm/ Company

2451 N. MCMULLEN BOOTH ROAD, #256

Address

CLEARWATER, FL 33759

City/ State and Zip Code

INFO@ACCOUNTINGSOLUTIONS123.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEY J. FIERRO at (727) 804-3508
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: NA AUTO GLASS INC.

Ref. Number: P22000040636

We have received your document for NA AUTO GLASS INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please check only ONE box under adoption of amendment on the last page of the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 423A00000569

RECEIVED
2023 JAN 10 PM 3 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

2023 JAN 10 AM 9:19

NA AUTO GLASS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000040636

(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:

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**)

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 _____
(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.

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>VP</u>	<u>NICHOLAS C. ALEXANDER</u>	<u>4411 BEE RIDGE RD, STE 299</u>
<u> </u> Add			<u>SARASOTA, FL 34233</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>D</u>	<u>DOMINIC A. MOLFETAS</u>	<u>356 145TH AVENUE E.</u>
<u>X</u> Add			<u>MADEIRA BEACH, FL 33708</u>
<u> </u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: _____, 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

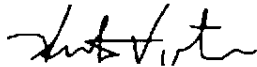
☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ 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 ² _____."
(voting group)

Dated 1/5/23 _____

Signature



(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)

ANDREW X. VICTOR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FL 32309
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