## P22000090590

(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)	, <del></del>
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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## **COVER LETTER**

*TO: Amendment Secti Division of Corpe			
NAME OF CORPOR	ERE 13200	ne Arms	Inc
DOCUMENT NUMB	BER: 12200	00090596	<del>/</del>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Donnie L	Name of Contact Person	
	Donnie L Airboine	Arms -	Inc
	1803 Jan	es Redmon	PKWY Suite D
	plant City	FL 335 City/ State and Zip Code	63
			Gma:1.Com notification)
For further information	concerning this matter, pleas	se call:	
Donnie	W Hull of Contact Person	at ( <u>Ø13</u> Area Coo	750 - 5949 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	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address Iment Section
	sion of Corporations		on of Corporations
	Box 6327		entre of Tallahassee
	hassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation



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	Air bornearms Inc		7073 830 21 - 14 0 - 10
	(Name of Corporation as currently	filed with the Florida Dept. of	State)
	22000090590		SEATT OF STATE
	(Document Number of C	Corporation (if known)	BLUT INVOSEC, FL
	ursuant to the provisions of section 607.1006, Florida Statutes, this <i>FT</i> s Articles of Incorporation:	<i>lorida Profit Corporation</i> adopt	s the following amendment(s) to
A.	. If amending name, enter the new name of the corporation:		
"// "c B.	ame must be distinguishable and contain the word "corporation," "colon.," or Co.," or the designation "Corp.," "Inc.," or "Co". A chartered," "professional association," or the abbreviation "P.A."  Linter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	professional corporation name	
c.	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Plat City FL	33563
D.	Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:    Plant C. Ty	Hull Redma Pl	f the  (u/ y Suite )  Orida 33563  (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) (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.

X Change	<u>PT</u> .	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)  1)  Change  Add	Title Pres	Daniel Gullagher	Address 702 H. Fchcoch St Plant City F1
Remove 2)		John W Hull	1803 Jues Redna PKWY
Add Remove Change Add		Donie W Hall	Suite O plant City 1-L335 (3 1803 James Radam PKW) Suite O Plant City 1-C 33563
Remove 4) Change Add		- <u> </u>	
Remove  5) Change Add		<del></del> _	
Remove 6) Change Add	<u></u>		
Remove			

If an amendment poprovisions for imp							
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	rovides for an exo elementing the an ole, indicate N/A)	change, reclas nendment if no	sification, or ot contained	r cancellatio in the amen	n of issued s adment itself:	hares. <u>:</u>	
	<del>,</del>						
		<del></del>					
	<del></del>						

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date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoraction was not required.	sted by the incorporators, or board of directors without shareholder	r action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendr ficient for approval.	nent(s)
	oved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	$\frac{3-2023}{\text{(voting group)}}$	
,	(voting group)	
Dated		
Signature		
	octor, president or other officer – if directors or officers have not b	
	by an incorporator – if in the hands of a receiver, trustee, or other d fiduciary by that fiduciary)	court
.,	Daniel Gallagher	
_	(Typed or printed name of person signing)	
	17-5	

(Title of person signing)