## P960000 11228

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(Re	equestor's Name)	
(Ād	ldress)	
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(Cit	ty/State/Zip/Phon	e#)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Dc	cument Number)	<del></del>
Certified Copies	Certificate:	s of Status
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: All South Lightnin	g Protection Inc.			
DOCUMENT NUMI	P06000011228				
The enclosed Articles	of Amendment and fee are su	bmitted for filing,			
Please return all corres	spondence concerning this ma	tter to the following:			
	Angela Jones				
	Name of Contact Person				
	All South Lightning Protection Inc.				
	Firm/ Company				
	5307 Falkenburg Rd., Bldg. /	١			
	Address				
Tampa, Florida 33610					
	City/ State and Zip Code				
	angie@aslp.net				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Angela Jones		at (	630-2757		
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	itly filed with the Florida Dept. of State)
P96000011228	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	
name must be distinguishable and contain the word "corporation," "Inc.," or Co" or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	5 5
(Mailing address MAY BE A POST OFFICE BOX)	N/A MIN R
	Fig. 7
	2
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent N/A	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address: N/A	
New Registered Agent's Signature, if changing Registered Ager	nt·
I hereby accept the appointment as registered agent. I am familian	r 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	PT Jo	ohn Doc	
X Remove	<u>v</u> <u>N</u>	<u> Aike Jones</u>	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	Robert Van Aken	4759 NW 103rd Avenue
X Add			Sunrise, Florida 33351
Remove			
2) Change	<del> </del>	<del></del>	<del></del>
Add			
Remove 3) Change			
Add			
Remove			7022
4) Change			
Add			UL +5
Remove			<u></u>
5) Change			F. C.
Add			27
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
J/A	
	<del></del>
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	PART -
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	Po F
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	<del></del>
. 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)	
1/A	
	<del></del>
	<del></del>

	06/28/2022				
The date of each amendment(s) adopt				, i	f other than
date this document was signed.					
06/28/20 Effective date if applicable:	22				
Effective date it appreadic.	(no more the	an 90 days after amend	dment file date)		<del></del>
Note: If the date inserted in this block document's effective date on the Depart			ng requirements,	this date will not	be listed as
Adoption of Amendment(s)	(CHECK ONE)				
☐ The amendment(s) was/were adopted action was not required.	by the incorporators	, or board of directors	without sharehold	der action and shar	eholder
■ The amendment(s) was/were adopted by the shareholders was/were suffici		The number of votes	cast for the amen	dment(s)	
☐ The amendment(s) was/were approve must be separately provided for each "The number of votes cast for t	n voting group entitle	d to vote separately on	the amendment(	(s):	
by Ronald Poirier			,,,		77
	(voting group)			JUL -E	
June 28, 2022 Dated				SEE.	
selected, by		officer – if directors or n the hands of a receiviary)			
Ang	ela Jones	• .			
	(Typed or prin	ited name of person sig	gning)		
CFC	)				

(Title of person signing)

the

the