P9800091498

(Re	equestor's Name)
(As	ddress)
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(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Bu	usiness Entity Name)
(Do	ocument Number)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01/16/2024

NAME: AERO SHADE TECHNOLOGIES, INC.

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2024

FLORIDA FILING & SEARCH SERVICES, INC.

TALLAHASSEE, FL 32301

SUBJECT: AERO SHADE TECHNOLOGIES, INC.

Ref. Number: P98000091498

We have received your document for AERO SHADE TECHNOLOGIES, 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:

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Annette Ramsey OPS

Letter Number: 824A00000939

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www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Acro Shade Techno	ologies, Inc.	
DOCUMENT NUMI	BER: P9800091498		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Fred L. Kretschmer, Jr.		
		Name of Contact Person	
	BRENNAN & KRETSCHMI	ER	
		Firm/ Company	
	1443 20th Street, Suite A		
		Address	
	Vero Beach, Florida 32960		
		City/ State and Zip Code	<u></u>
	flk@veroattomeys.com		
	E-mail address: (to be us	ed for future annual report r	notification)
For further information	n concerning this matter, pleas	se call:	
Fred L. Kretschmer, Jr.		ai ()
Name of Contact Person		Area Cod	e & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depar	rtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Division The Ce 2415 N	Address nent Section of Corporations ntre of Tallahassee Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment FILED

Articles of Incorporation of

2024 JAN 16 AM H: 05

		The state of the s
(<u>Name o</u>	f Corporation as currently filed	with the Florida Dept. of State)
Aero Shade Technologies, Inc.		
	(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	la Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	'orp," "Inc," or "Co". A profe	my," or "incorporated" or the abbreviation "Corp.," fessional corporation name must contain the word
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u></u>	n Florida, enter the name of the
new registered agent and/or the new	v registered office address:	
Name of New Registered Agent	Fred L. Kretschmer, Jr.	
	1443 20th Street, Suite A	
	(Florida street ada	
	Vero Beach,	Florida (Zin Code)
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar with an Signature of New Registe	and accept the obligations of the position.

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.

Example:

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally_Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	S	John Manchec	3104-3106 Industrial Ave. Three
Add Remove	-	*Remove John Manchec as Secretary and Sole Shareholder	Fort Pierce, Florida 34946
2) Change			
Add Remove 3) Change			
Remove 4) Change Add	.		
Remove 5) Change Add			
Remove 6) Change Add			
Remove			,

f amending or	adding additional /	Articles, enter cha	nge(s) here:		
	al sheets, if necessar	y). (Be specific)			
N/A	···-				
			<u> </u>		
					
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-					
	-				
*···					
					
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If an amendm	ent provides for an	exchange, reclassi	fication, or cance	llation of issued sl	tares,
provisions fo	r implementing the	amendment if not	contained in the	amendment itself:	
	plicable, indicate N//	,			
N/A					
			····		
					

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	January 15, 2024	
The date of each amend	ment(s) adoption:	if other than the
late this document was si	igned.	
	January 15, 2024	
Effective date if applica		
	(no more than 90 days after amendment file date)	
Note: If the date inserte document's effective date	ed in this block does not meet the applicable statutory filing requirements, this date we on the Department of State's records.	ill not be listed as the
Adoption of Amendmen	nt(s) (CHECK ONE)	
☐ The amendment(s) was action was not require	as/were adopted by the incorporators, or board of directors without shareholder action as	nd shareholder
	ns/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
☐ The amendment(s) wa must be separately pr	as/were approved by the shareholders through voting groups. The following statement footing 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)	
	January 15, 2024	
Dated_ Signat	All. Ella. List S	
	selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Jeffrey Maxwell	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	