## 889531

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry (Varie)
(Document Number)
/
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900331275169

07/01/19--01035--012 \*\*43.75

S TALLENT JUL 1 2 2019



Todd

As requested, this Amendment changes the following:

Page 1.

The Registered Agent from you to Nichole. Nichole need to sign accepting the responsibility.

Page 2.

Removes you from the President and Director position. Nichole may want/need to add herself or someone else as the President and Director. (I think a Corporation needs this position designated)

Page 3.

Gives Nichole your 50% of the shares, making her 100% Shareholder of the Company.

Page 4.

You need to sign and date where highlighted.

The date should be the same date that you and Nichole have your meeting to adopt these new... Amendments.

Finally, to file you will need a Check in the amount of \$43.75 made payable to the Florida Department of State.

Express Mail Address: Amendment Section

**Division of Corporations** 

Clifton Building

2661 Executive Circle Tallahassee, FL 32301

Regular Mail: Amendment Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ATLANTIC CON	TRACT GLAZIN	IG CORP	ORATION
DOCUMENT NUM				
	es of Amendment and fee are su	abmitted for filing		
Please return all corr	espondence concerning this ma	itter to the followi	ng:	
	NICHOLE GOOSHAW			
		Name of Cont	act Perso	n
	ATLANTIC CONTRACT G	LAZING CORPO	RATION	<b>I</b>
		Firm/ Cor	npany	triori
	1734 NE 2ND AVENUE U	NIT 1		
		Addre	ess.	
	OCALA, FLORIDA 34470			
		City/ State and	l Zip Cod	e
NG	OOSHAW@ATLANTICGLA	ZING.COM		
	E-mail address: (to be u		ual report	notification)
For further informati	on concerning this matter, please	se call:	2	) <sup>622-2242</sup>
Name	of Contact Person		Атеа Со	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Flo	rida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional c enclosed)	у	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address				Address
An	Amendment Section			
Di P.G			on of Corporations  Building	
Ta	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	TTA	ANTIC	CONTRA	CT CL	AZING	CORPOR	ATION
,	3a II	ANIH	LUNIKA	LITT	AZINI	LUKPOR	രഥവരാ

ATEMPTIC CONTRACT GEAZING CC	RIORATION			
(Name o	f Corporation as curren	tly filed with the Florida Dept. o	f State)	<del></del>
S89531				1
	(Document Number	of Corporation (if known)		<u>-</u>
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	s <i>Florida Profit Corporation</i> adop	ts the following amenda	nent(s) to
A. If amending name, enter the new na	me of the corporation:			
Not Applicable			The ne	2141
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associate	ttion "Corp," "Inc," or	"Co". A professional corporatio	ted" or the abbreviation	n = 1
B. Enter new principal office address, i (Principal office address MUST BE A ST		Not Applicable		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		Not Applicable	2019 JUL -1	3
			2.00 AM 10: 00 E100 00	
<ul> <li>If amending the registered agent and new registered agent and/or the new</li> </ul>			of the	
Name of New Registered Agent	Nichole Gooshaw			
	5050 NW 152nd Lane			
	(Florida si	reet address)		
New Registered Office Address:	Reddick	, F)	32686 lorida	1
		(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

address of each Officer (Attach additional sheets Please note the officer/d P = President; V = Vice Executive Officer; CFO held. President, Treasur, Changes should be noted	and/or I s, if neces irector tit Presiden = Chief er, Direct d in the fo aves the c	sary)  The by the first letter of the office title:  The Treasurer; S= Secretary; D= Director; TR= Tre  Financial Officer. If an officer/director holds more to the would be PTD.  Ollowing manner. Currently John Doe is listed as the Ficorporation, Sally Smith is named the V and S. These secondary.	rustee; C = Chairman or Clerk; CEO = Chie han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
X Change	<u>P<b>T</b></u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	GOOSHAW, TODD M	PO Box 101
Add X Remove			Reddick FL 32686
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change			

\_\_\_\_ Add

\_\_\_\_ Remove

. If amending or adding additional (Attach additional sheets, if necessar	ry). (Be specific)
TLANTIC CONTRACT GLAZING	CORPORATION is changing the shareholders percent of ownership as follows:
dd M Gooshaw currently ownes 50%	% and is giving Nichole Gooshaw his 50% making her owner of 100% of the shares.
7 2 d a f.	
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<del></del>	
3	
<del></del>	
<del>-</del>	
lf an amendment provides for an e	exchange, reclassification, or cancellation of issued shares.
if not applicable, indicate N/A	amendment if not contained in the amendment itself:
(y nor appreciate, material (m)	'7
N/A	
ļ	

I

	Not Applicable	
The date of each amendment(s) ac date this document was signed.	loption;	, if other than the
date this document was signed.	Not A Korkla	
Effective date if applicable:	Not Applicable	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date waterment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)	
action was not required.	pted by the board of directors without shareholder action and shareholder	
Dated	-28-19 Clotof Theoslan	
selected	rector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Todd M Gooshaw	
•	(Typed or printed name of person signing)	<del></del>
	PD	
·	(Title of person signing)	<del></del>