1114000009681

(Re	equestor's Name)	•
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	·	
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2015

DEB CHESLOW BUILDING REMARKABLE COMMUNITIES INC 1648 TAYLOR ROAD # 472 PORT ORANGE, FL 32128 US

SUBJECT: BUILDING REMARKABLE COMMUNITIES, INC.

Ref. Number: N14000009681

We have received your document for BUILDING REMARKABLE COMMUNITIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

All four pages of the articles of amendment must be submitted together.

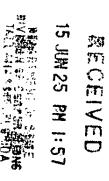
Please submit page 2. -> ENCLOSED

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.

Tina D Cannon Regulatory Specialist II

Letter Number: 315A00011927



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Building Remarkable Communities inc							
DOCUMENT NUMBER: N14000009681							
The enclosed Articles of Amendment and fee are subm	nitted for filing.						
Please return all correspondence concerning this matter	er to the following:						
Deb Cheslow							
	(Name of Contact Person)						
Building Remarkable Cor	mmunities Inc						
	(Firm/ Company)						
1648 Taylor Road # 472	2						
	(Address)						
Port Orange FI 32128							
	(City/ State and Zip Code)						
deb@debcheslow							
E-mail address: (to be used For further information concerning this matter, please of	for future annual report notification)						
Deb Cheslow	386 \ 308-1804						
(Name of Contact Person)	at (
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:						
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status							
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

Articles of Amendment to Articles of Incorporation of

Building Remarkable Comm	nunities inc	<u> </u>
(Name of Corporation as currently file	d with the Florida Dept. of State)	
N14000009681		
(Document	t Number of Corporation (if known)	_
rsuant to the provisions of section 617.1006, nendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For Profit Corporation adopts the	he following
If amending name, enter the new name of	f the corporation:	
		The new
Company" or "Co," may not be used in the n		" or "Inc."
Enter new principal office address, if app rincipal office address MUST BE A STREE		
rincipal office address MOST BE ASTREE	A ADDRESS)	
		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
If amending the registered agent and/or t	registered office address in Florida, enter the name of the	
new registered agent and/or the new regi	istered office address:	<u></u>
Name of New Registered Agent:		5 JUN 25
		25
-	(Florida street address)	ס־
New Registered Office Address:		PH 12: 34
	. Florida	 မာ
•	(City) , Fiorida (Zip Co	ode)
	(1.5)	,
ew Registered Agent's Signature, if changi	ng Registered Agent:	
sereby accept the appointment as registered o	agent. I am familiar with and accept the obligations of the position	7.
Sig	nature of New Registered Agent, if changing	

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 X. Remove X. Add	<u>V</u> <u>M</u>	hn Doe ike Jones illy Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change			 		
Add					•
Remove					:
2) Change			 	<u>5</u>	ALL.
Add					26 25-
Remove				25 8	
3) Change			 _	<u> </u>	구유i 근의
Add				<u>ယ</u> ု	DRIDA
Remove					♪
4) Change			 		-
Add					-
Remove			 		-
5) Change			 		_
Add					_
Remove					-
6) Change			 		-
Add					-
Remove					

Article VIII Dissolution						
The organization is organized exclusively for charitable, educational purpose under Section 501(c)(3) of the Internal Revenue Code.						
Upon the dissolution of this organization the assets shall be distributed for one or more exempt purposes within the meaning of the of IRC Sect 501(c)(3).						

The date of each amendment(s) add date this document was signed.	, if other than the		
, •	ry 1, 2015		
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	ot be listed as the	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)		
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.		
Dated5/a	Ru 15		
Signature(By the chairm	nan or vice chairman of the board, president or other officer-if directors		
	n selected, by an incorporator—if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	TALL SECTION	
ANGE	(Typed or printed name of person signing)	JUN 25	
Presi	dent (Title of person signing)	OF STATE E.FLORIDA PH 12: 34	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							•	
	INSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA						
DOCUMENT # F98000006085 1. Corporation Name					1	5 JUN 18 PM 3:	32				
United	l Constru	iction Corporat	ion d/b/a	JD Ma	ack I	nterna	ational	REII	NSTATE	МF	NT 10
Principa	al Office Addres	s - No P.O. Box#	3. Mailing Of	fice Addres	38				. 10 11 11 1./1	. V J. J.	711
	Iorth M	ain St	PO Bo	x 48				CR2E081 (11/10)			
Suite, Apt. 4	, etc.		Suite, Apt. #, 6	etc.						· ·	
								To Do Busi	porated or Qualified iness in Florida		
City & State		â	City & State					11/03/1998 5 FEI Number			Applied For
•	ort, NI		. I	ort, NH				02-02578	49		Not Applicable
^{Zip} 03773		USA	03773		US	•		6. CERTIFICAT	E OF STATUS DESIRED		tional Fee required
		7. Name and Address of		ered Ager	<u> </u>						
Name								ł			
Tod W											
10040	Valiant C	Number is Not Acceptable))								
Suite, Apt. #202								000274177400 06718/1501027019 **1535.00			
City State					Code	06718	71501027019	未本工	535.00		
Miromar				FL	339	13					
8. I, being	appointed the	registered agent of the ab	ove named corpor	ration, am i	familiar	with and	accept the ol	bligations of secti	on 607.0505 or 617.0503, F	.s./	
Signature o			- 2/1						- 6/11	1:15	_
Registered	Agent	F	EGISTERED AGI	ENT MUST	SIGN		· · · · · · · · · · · · · · · · · · ·		Date 6/16	<i></i>	
9. Names	s and Street Ad	dresses of Each Officer af	dror Director (Flo	rida nonpro	ofit corp	orations r	nust list at le	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
CPT	Cary G Whipple			North Main St			Newport, NH 03773				
CV	Loretta Whipple				North Main St			Newport, NH 03773			
DS	DS Christine W Skarin				North Main St			Newport, NH 03773			

10. E-mail Address: robyn@unitedconstruction.biz

(To be used for future annual report notification)

JUN 26 2015

T CANNON

Daytime Phone #

SIGNATURE:

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^{11.} I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been ellminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.