P17000039691

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
	Codifical Codice
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer
	g - mag - ma

Office Use Only



300322455623

01/02/19--01031--021 **35.00

2019 JAN -2 FH 2: 05
SECRETARY OF STAFE
TAIL AHASSEE FLORID

JAN 1 1 2019

COVER LETTER

PRIB JAN - 2 PH 2: OF Division of Corporations NAME OF CORPORATION: PREMIETE BUILDERS INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHANE M (61R) TY

Name of Contact Person PREMIÈRE BUILDERS INC.
Firm/ Company Po Box 55414
Address ST PETERS BURG, FL 33732

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHAVE MC LAA ITY at (\$13) 770 1233

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment

·	to Articles of Inc	amarutian		B)
	of	or por action		第2000
PREM	IERE BUILDER	In C		The second
(Name of	Corporation as currently	filed with the F	lorida Dept. of State	7. F. O
6170	000 39691			Eng. 1
117-	OOO 396 9/ (Document Number of	Corporation (if I	(nown)	200 00
				The state of the s
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Co	rporation adopts the to	ollowing amendment(s)
is riticles of meorpotation.				
L. If amending name, enter the new nam	e of the corporation:			
				The new
name must be distinguishable and contain	in the word "corporation	ı, " "company, "	or "incorporated" or	the abbreviation
"Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc, or "(on " or the abbreviation "	Co . A projessu P.A."	onal corporation name	e musi contain ine
, ,			7·×11 0	
3. Enter new principal office address, if Principal office address MUST BE A STF	applicable: RFFT ADDRESS)	1211	TECH BLYO	
Trincipal office data can an area of the contract of the contr	(12.17.17.17.17.17.77.77.77.77.77.77.77.77.	SUITE	123	
			FL 33617	
			<u> </u>	
C. Enter new mailing address, if applica				
(Mailing address <u>MAY BE A POST O</u>	TTICE BOX)			
			_	
 If amending the registered agent and/ new registered agent and/or the new 			nter the name of the	
new registered agent and/of the new	registered office address	L		
Name of New Registered Agent				
_	1211 TECH	BLVO	S., TC #12	3
	(Florida str	eet address)		
New Registered Office Address: _	TAMPA		, Florida_	33619 (Zip Code)
		(City)		(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register			a ahliaations of the ne	ecition
nereas accept the appointment as register	ea agem. Tum jummur s	тып шка ассерт и	ic omganima of me po	**************************************
	Signature of New R	egistered 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 <math>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	PT John Doe	
<u>X</u> Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1)Change	PRES ALLISON CLAYTON	2202 N WESTSHONE BLYD
Add		# 200 TAMPA FL 3360)
X Remove		
2) Change	PAES TEREMIAH DOWNS	1211 TECH BLVO
_ Add		# 123 TAMPA
Rепюче		FL 33619
3) Change	Y ALLISON CLAYTON	1211 TECH BLUD
X Add		# 123 TAMOS FL
Remove		33619
4) Change	O RON BROWN	1211 TECH BLVO
X Add		# 123 TAMPA RL
Remove		33619
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

ach additional sheets, if necessary)	. (Be specific)				
		·- -			
		.,			
					
					_
					
					-
					
				·	
<u></u>					
		_			
n amendment provides for an ex ovisions for implementing the an	<u>change, reclassific</u> nendment if not co	<u>cation, or cancell</u> entained in the a	<u>ation of issued s</u> mendment itself:	hares,	
(if not applicable, indicate N/A)	ienament in not so	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The state of the s	•	
·					
				 	
	· · · · · · · · · · · · · · · · · · ·				
					
				·	

The date of each amendment(s) ad date this document was signed.	option;	, if other than the
	17-28-18 (no more than 90 days after amendment file do	
	(no more than 90 days after amendment file da	nte)
Note: If the date inserted in this b' document's effective date on the De	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes cast for the a ficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action an	d shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sha	nreholder
Datedl)-28-16	
Signature)-28-16 	
(By a diselected	rector, president or other officer – if directors or officers hat, by an incorporator – if in the hands of a receiver, trustee, od fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	REGISTERIO AGENT	
	(Title of person signing)	