

568597

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

226815

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To:

Division of Corporations
Fax Number : (850) 617-6330

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SOUTHERN CONTRACTING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

FILED
Jun 20, 2017 08:00 AM
Secretary of State

JUN 21 2017

EFFECTIVE DATE

S. YOUNG

<https://efile.sunbiz.org/scripts/efilcovr.exe>

6/9/2017



June 16, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOUTHERN CONTRACTING, INC.
~~6210 W STATE ROAD 7~~
~~COCONUT CREEK, FL 33073~~

2850 WORTH AVE.
ENGLEWOOD, FL 34224

SUBJECT: SOUTHERN CONTRACTING, INC
REF: S63597

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

THE NAME OF THE CORPORATION ON PAGE 1 OF 4 SHOULD BE: SOUTHERN CONTRACTING, INC. PLEASE CORRECT THE NAME OF THE CORPORATION ACCORDINGLY.

PLEASE REMOVE STATEMENT FROM PAGE 3 OF 4 OF THE DOCUMENT AND REPLACE WITH THE FOLLOWING STATEMENT: THE EFFECTIVE DATE OF THE AMENDMENT FOR ARTICLE IV(SHARES) FILED ON MAY 30, 2017 EFFECTIVE JUNE 12, 2017 IS GOING TO BE CHANGED TO JUNE 26, 2017.

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.

Darlene Connell
Regulatory Specialist II Supervisor

FAX Aud. #: E17000155395
Letter Number: 717A00012259

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Southern Contracting, Inc.

DOCUMENT NUMBER: S68597

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timmy L. Howard

Name of Contact Person

Firm/ Company

2850 Worth Ave

Address

Englewood, FL 34224

City/ State and Zip Code

tr@southerncontractinginc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timmy L. Howard

at (941)

445-6000

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Southern Contracting, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

S68547

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1106, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
2) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
3) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
4) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
5) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____
6) ☐ Change	_____	_____	_____
☐ Add	_____	_____	_____
☐ Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

The effective date of the Amendment for Article IV (Shares) filed on May 10, 2017 effective June 12, 2017 is going to be changed to July 5, 2017.

F. 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)

The date of each amendment(s) adoption: June 11, 2017, if other than the date this document was signed.

Effective date if applicable: July 5, 2017
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☒ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 Preferred
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated June 11, 2017

Signature Timmy L. Howard

(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)

Timmy L. Howard

(Typed or printed name of person signing)

Director

(Title of person signing)