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R. WHITE OCT 0 4 2018

COVER LETTER

Division of Corporations
NAME OF CORPORATION: CLIPFORD L. SHOVER BUILDER, INC
DOCUMENT NUMBER: 284454
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CLIFFORD L. SHOVER Name of Contact Person CLIFFORD L. SHOVER BUILDER, INC. Firm/ Company 601 MCKENZIE ROAD Address
City/ State and Zip Code City/ State and Zip Code CIFFS HOVER @ CFL. RR. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CLIFFULO STOVEL at (386) 566-0281 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:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Certificate of Status (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

FILED

Articles of Amendment to Articles of Incorporation

2018 OCT - 1 PM 12: 39

CLIFFORD L. SHOVER (Name of Corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006. 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: 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: 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

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	PT John	<u> Doc</u>	
X Remove	V Mike	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _X Change	<u>P, T</u>	Cliffold SHOVER	601 MCKENZIERA Lake HEL Pr. 32744
Add			
Remove			
2) Change Add	Y,S,	Janet Shovel	601 MCKCNZIERd. Lake HERE PL. 32744
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			· 1
Add			
Remove			

	I sheets, if necessary)	. (Be specific)	ige(s) here:			
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	at provides for an exc	change, reclassifi	cation, or cancel	lation of issued sh	ares,	
lf an amendmen			antsined in the s	mendment itselt:		
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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable:</u> (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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Sept 28, 2018	
Signature (By a director, president or other officer – if directors or officers have not been	
(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 cou	irt
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
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(Title of person signing)	
(Title of person signing)	