318343

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Talfahassee, FL 32314

NAME OF CORPO	ORATION: WHITWORTH B	UILDERS INC							
DOCUMENT NUN	210212								
The enclosed Article	es of Amendment and fee are su	bmitted for filing.							
Please return all corr	respondence concerning this ma	tter to the following:							
	JOHN S. MEAD								
	Name of Contact Person								
	MEAD LAW & TITLE								
		Firm/ Company							
	24 WALTER MARTIN ROA	AD NE, SUITE 201							
		Address							
	FORT WALTON BEACH, FL. 32548								
	E-mail address: (to be us	sed for future annual report	notification)						
Don forth or information	an annual minus this matter a land	va andli							
ror juriner intorniau	on concerning this matter, pleas	se can,		76					
JOHN S. MEAD		850 at (243-3135	· 성 결활					
Name	e of Contact Person	Area Co) de & Daytime Telephone Number						
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State:						
■ \$35 Filling 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)	STATE ORATIONS 9: 16					
	ailing Address	· · · · · · · · · · · · · · · · · · ·	Address						
Ar	mendment Section	Ameno	Iment Section						

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name of Corporat	tion as currently f	iled with the Florid	a Dept. of State)	
318343				
(Docu	iment Number of C	orporation (if known	1)	
Pursuant to the provisions of section 607,1006. Florid its Articles of Incorporation:	da Statutes, this <i>Fl</i> o	orida Profit Corporc	ntion adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the c	corporation:			
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p. " "Inc, " or "Co	o". A professional c	incorporated" or the corporation name mus	The new abbreviation st contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u>Q.X</u>)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		s in Florida, enter t	he name of the	6 00
Name of New Registered Agent				_
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Florida street	address)		ST ST ST ST ST ST ST ST ST ST ST ST ST S
New Registered Office Address:	u.	ity)	. Florida(Zi _i	p Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		h and accept the obl	igations of the position	ı.
Sig	nature of New Reg	istered Agent, if cha	nging	_

If amending the Officers and/or Directors, enter the fitle 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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	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	P	WHITWORTH, ABIGAIL	105 AUBURN RD
X Add			FT. WALTON BCH, FL 32547
Remove			
2) Change			·
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) here: (Be specific)	
	1. 25. 2	·
If an amendment provides for an exch	ange, reciassification, or cancellation	ment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	iditient if not contained in the amend	
provisions for implementing the ame (if not applicable, indicate N/A)	idinent it not contained it the ament	
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provisions for implementing the ame (if not applicable, indicate N/A)	Idinent it not contained in the amen.	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Dec. of the Person Post II	
Effective date if applicable: (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.	date 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.	n(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated APRIC 10,2019 Signature ////////////////////////////////////	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other of	
appointed fiduciary by that fiduciary)	,,,,,
Aaron M. Davis	
(Typed or printed name of person signing)	
Prisident	
(Title of person signing)	

the

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