# 465216

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	200 1/15/1/
	Office Use Onl	, À



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7/10 End. 07/15/11



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2011

W. MICHAEL DANIEL W. CLYDE DANIEL CONSTRUCTION, INC. 4435 BASEBALL POND ROAD BROOKSVILLE, FL 34602

SUBJECT: W. CLYDE DANIEL CONSTRUCTION, INC.

Ref. Number: 465216

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is K83689.

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) 245-6906.

Datlere connell Regulatory Specialist II

Letter Number: 911A00015781

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: W. Clyde Daniel Construction, Inc.			on, Inc.
DOCUMENT NUMBER:		465216	
The enclosed Artic	cles of Amendment and fee	e are submitted for filing.	
Please return all co	orrespondence concerning t	this matter to the following:	
		BJ Phillips  Name of Contact Person	
		Name of Contact Person	
	W. Clyd	de Daniel Construction, Inc.	
		Firm/ Company	
	4435 Baseball Pond Road Address		
		Addition	
	E	Brooksville, FL 34602 City/ State and Zip Code	<del></del>
	D Id	,	
<del></del>	E-mail address: (to be u	Mdanielinc.com  ised for future annual report notification)	<del></del>
For further inform	ation concerning this matte	er, please call:	
	BJ Phillips	at ( 352 ) 79  Area Code & Daytime Tele	96-6930
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for the following amount	t made payable to the Florida Depart	ment of State:
	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

### **Articles of Amendment** to **Articles of Incorporation**

1 JUL 2 7 2:12 W. Clyde Daniel Construction, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 465216

(Document Numb	per of Corporation (if known)	5.5
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida	a Profit Corporation adopts the follo
A. If amending name, enter the new name of	the corporation:	
M. DANIEL CON	STRUCTION, INC.	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professions"	designation "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if appli	cable:	
(Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	<u>E BOX</u> )	
D. If amending the registered agent and/or re	gistered office address in Flo	rida, enter the name of the
new registered agent and/or the new regist	ered office address:	
Name of New Registered Agent:	•	
New Registered Office Address:	(Florida street addre	ss)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		ccept the obligations of the position.
u,p, me appenment at . egine, ou ag		1 6 , ,
	mature of New Pagistaned Age	out if abanging

## 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)

Title	Name	<u>Address</u>	Type of Action
<u>VP</u>	Sally L. Daniel	4435 Basebali Pond Road Brooksville, FL 34602	_
Sec	Billie Jo Phillips	3330 Neff Lake Road Brooksville, FL 34602	_ ☑ Add _ □ Remove
Tres	Billie Jo Phillips	3330 Neff Lake Road Brooksville, FL 34602	
provisions	ndment provides for an exchange, resident implementing the amendment applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: <u>06/29/2011</u>
Effective date if applicable:	06/29/2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	."
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 06/2	29/2011
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	W. Michael Daniel
	(Typed or printed name of person signing)
	President
	(Title of person signing)