493846

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: _ C.W. Roberts Contracting, Inc. DOCUMENT NUMBER: 493846 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Delisle Name of Contact Person C.W. Roberts Contracting, Inc. Firm/ Company 1603 Bay Avenue Address Panama City, FL 32405 City/ State and Zip Code bdelisle@cwrcontracting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Delisle, CFO Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & △\$52.50 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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C.W. Roberts Contracting, Incorporated	
(Name of Corporation as currently filed with the Florida Dept. of State)	
493846 (Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	ollowing amendment(s)
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 abb "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	reviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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	
d Their de group and began	
(Florida street address)	
New Registered Office Address:	(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 po	1020 HAY
Signature of New Registered Agent, if changing	<u> </u>
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	AH S

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	<u>PT</u>	John Doe	
X Remove	$\overline{\lambda}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V.P.</u>	Michael D. Natale	_P.O. Box 16279
Add			Tallahassee, FL 32317
X Remove			
2) Change	V.P.	M. Brett Armstrong	P.O. Boy 16279
_ <u>X_</u> Add			Tallahassee, FL 32317
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g additional Artic ts, if necessary).	(Be specific)				
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The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☑ The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the am licient for approval.	endment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendmen	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
(By a din selected.	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or of fiduciary by that fiduciary) Robert Delisle	
_	(Typed or printed name of person signing)	
	CFO/Secretary	
_	(Title of person signing)	