

# F03000003048

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/02/2025

Acc#I20160000072

*en: c DW*

Name:	Dycom Investments, Inc.
Document #:	
Order #:	16040153

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DYCOM INVESTMENTS, INC.

Name of Corporation

DOCUMENT NUMBER: F03000003048

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. Andrew DeFerrari

Name of Contact Person

DYCOM INVESTMENTS, INC.

Firm/Company

11780 U.S. Highway 1, Suite 600

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

state.annualfilings@dycominc.com

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

For further information concerning this matter, please call:

Vanessa Arriaga

at (

(561) 614-6074

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F03000003048

(Document number of corporation (if known))

1. DYCOM INVESTMENTS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. DE

(Incorporated under laws of)

3. 06/19/2003

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Nielsen, Steven	11780 U.S. Highway 1, Suite 600	Add
		Palm Beach Gardens, FL 33408	<input checked="" type="checkbox"/> Remove
Director	Nielsen, Steven	11780 U.S. Highway 1, Suite 600	Add
		Palm Beach Gardens, FL 33408	<input checked="" type="checkbox"/> Remove
President	Kevin M. Wetherington	11780 U.S. Highway 1, Suite 600	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33408	<input type="checkbox"/> Remove
Director	Kevin M. Wetherington	11780 U.S. Highway 1, Suite 600	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33408	<input type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

<u>/s/H. Andrew DeFerrari</u> (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)		DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
<u>H. ANDREW DEFERRARI</u> (Typed or printed name of person signing)	<u>Treasurer, Director</u> (Title of person signing)	

FILING FEE \$35.00

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