

11/17/23 12:38 PM

Division of Corporations

(((H230003982273)))

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : LICENSES ETC INC  
 Account Number : I20070000159  
 Phone : (239)777-1028  
 Fax Number : (877)275-3593

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: SUPPORT@LICENSESETC.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**RECONSTRUCTION EXPERTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2023 NOV 17 PM 5:04

(((H23000398227 3)))

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: RECONSTRUCTION EXPERTS, INC.

Name of Corporation

DOCUMENT NUMBER: F11000002708

The enclosed Amendment and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

TODD BABBITT

Name of Contact Person

LICENSES, ETC., INC

Firm/Company

27911 CROWN LAKE BLVD

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call.

TODD BABBITT

Name of Contact Person

at ( 239 ) 777-1028

Area Code &amp; 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 CopyMailing Address:Amendment Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314Street Address:Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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)**

F11000002708

\_\_\_\_\_  
 (Document number of corporation (if known))

1. RECONSTRUCTION EXPERTS, INC.  
 (Name of corporation as it appears on the records of the Department of State)
2. COLORADO 3. 07/01/2011  
 (Incorporated under laws of) (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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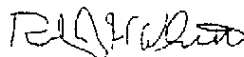
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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	TYSON BARBER	14142 DENVER WEST PKWAY	<input type="checkbox"/> Add
		SUITE 190, LAKEWOOD, CO 80401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> 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.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**Rich Whitten**

(Typed or printed name of person signing)

**Chief Sales Officer**

(Title of person signing)

**FILING FEE \$35.00**

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