# F14000004240

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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### COVER LETTER

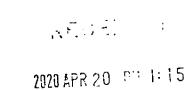
TO: Amendme	ent Section Division of Corporation	ons	
SUBJECT:	Dawson Federal,	Inc.	
	Name	of Corporation	
DOCUMENT NU	MBER: F14000004	240	
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
Dawna :	Smith		
	Name of Contact Person		
Dawson	Federal, Inc.		
	Firm/Company		
661 Dui	nbar Cave Road, Suite 102		
	Address		
Clarksvi	lle, TN 37043		
	City/State and Zip Code		
dsmith@e	dawson8a.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, plea	se call:	
Dawna Smith		_at(_931)_444-520	
Name	e of Contact Person	Area Code & Daytime	Felephone Number
Enclosed is a check	k 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





Letter Number: 320A00007508

## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2020

DAWNA SMITH 661 DUNBAR CAVE ROAD STE. 102 CLARKSVILLE, TN 37043

SUBJECT: DAWSON FEDERAL, INC.

Ref. Number: F14000004240

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

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6050.

Irene Albritton Regulatory Specialist II

## 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)

	F14000004240			
	(Document number of corporation (if known)			
Dawson Federal, Inc.				
(Name of corpo	ration as it appears on the records of the Department of Stat	c)		· <del>-</del>
2. Hawaii	3. 10/07/2014			
(Incorporated under laws	of) (Date authorized to do b	usiness in	Florida)	
	SECTION II			
(4-7 CO	MPLETE ONLY THE APPLICABLE CHANGES)			
4. If the amendment changes the name of the co	rporation, when was the change effected under the laws of i	ts jurisdic	tion of	
- ·				
5. n/a				
(Name of corporation after the amendment, a	idding suffix "corporation," "company," or "incorporated," o	эг арргорг	iate abbi	reviation, it
not contained in new name of the corporation	1)			
(If now name is unavailable in Floride, enter a	alternate corporate name adopted for the purpose of transact	ina busin.	ee in fle	orida)
(If new name is unavariable in Florida, enter a	memate corporate name adopted for the purpose of transact	IIK Ousilie	.55 111 1 10	orida)
6. If the amendment changes the period of	duration, indicate new period of duration.			
	n/a			
	(New duration)		2020 S.P.R. 20	
	, ,			
7. If the amendment changes the jurisdiction	on of incorporation, indicate new jurisdiction.	-	Do.	
7,		•	Ô	
<del>-</del>	n/a (New jurisdiction)	-	_ <b>©</b> ⊒:	[7]
	(New jurisdiction)		- <del>-</del> . ငှာ	
2. If amending the registered agent and/or re	gistered office address in Florida, enter the name of the		<u></u>	
new registered agent and/or the new regist		. •	5	
Name of New Registered Agent	n/a			
	(Florida street address)			
New Beginsened Office Address	, Florida,			
New Registered Office Address:	(City)	(Zip Coa	(e)	
Nam Dagistarad Agantle Signatura if sha-	oning Peristered Agent			
New Registered Agent's Signature, if char I hereby accept the appointment as registered	iging Registered Agent: d agent. I am familiar with and accept the obligations of th	e position	١.	
Signature of New Registere	ed Agent, if changing			

Title/ Capacity	<u>Name</u>	Address	Type of Action
<u>Preside</u> nt	Billy B. Cress	112 E. Pecan Street Suite 300	□Add
		San Antonio, TX 78205	<b>K</b> Remove
President	David Johnson	900 Fort Street Mall, Suite 1850	\_\_\_\_\_\_\_\_\_\
		Honolulu, HI 96813	Remove
CEO_	Christopher M. Dawson	900 Fort Street Mall, Suite 1850	<b>∑</b> Add
		Honolulu, HI 96813	Remove
			CRemove
			🗀 Add
			Remove
Attached is a of the applicat under the laws	certificate or document of similar import, e- ion to the Department of State, by the Secret s of which it is incorporated.	videncing the amendment, authenticated not early of State or other official having custody of	more than 90 days prior to delive corporate records in the jurisdicti
	(Signature of a direct a receiver or other of	or, president or other officer - if in the hands ourt appointed fiduciary, by that fiduciary)	of
C	hristopher M. Dawson	Director/CEC	)
	(Typed or printed name of person signing)	(Title of perso	n sienine)

FILING FEE \$35.00