### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140002597183)))



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To:

Division of Corporations

: (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERV

Account Number: I20050000099

Phone : (813) 932-5244

Fam Number : (813)932-3782

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

### COR AMND/RESTATE/CORRECT OR O/D RESIGN TRICOM CONSTRUCTION, INC

Certificate of Status	U
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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November 7, 2014

# FLORIDA DEPARTMENT OF STATE Division of Corporations

TRICOM CONSTRUCTION, INC 10115 LAKE AVENUE TAMPA, FL 33619

SUBJECT: TRICOM CONSTRUCTION, INC

REF: F14000004612

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form that you submited is incorrect. You need to file a resolution of the board of directors to change the alternate name for us in Florida. You can download the from from our website under foreign corporation forms.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H14000259718 Letter Number: 914A00023871

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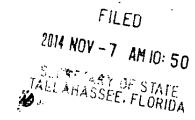
Fax: +1 (850) 617-6380 Page 3 of 4 11/07/2014 4:41 (((H14000259718 3)))

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: TRICOM CONSTRUCTION, IN	C (Name of Corporation)
DOCUMENT NUMBER - F4400004640	• ,
DOCUMENT NUMBER: F14000004612	
The enclosed <b>Resolution of the Board of 1</b> fee are submitted for filing.	Directors to Change the Alternate name for use in Florida and
Please return all correspondence concernin	g this matter to the following:
ROMAN ALBANO	
(Name of Contact Person)	****
CONTRACTORS REPORTING SERVICE INC (Firm/Company)	
(Pinb Company)	
13795 N NEBRASKA AVE	· · · · · · · · · · · · · · · · · · ·
(Address)	
TAMPA, FL 33613	
(City/State and Zip Code)	<del></del>
For further information concerning this ma	tter, please call:
ROMAN ALBANO	at (813 ) 932-5244 X 101
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Fl	orida Department of State for the following amount:
\$35.00 Filing Fee S43.75 Filing Fee S Certificate of State	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
I wishimodwey I to daw I T	Tallahassee, FL 32301

Fax: +1 (850) 817-6380 Page 4 of 4 11/07/2014 4:41 (((H14000259718 3)))





# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned KEVIN L WEATHERSBY	, do hereby certify
(Name)	- •
that this Resolution of the Board of Directors of	
TRICOM NETWORKS, INC	,
(Name of Corporation)	
a corporation duly organized and existing under the laws of CA	
(State or Country	')
was adopted on <u>11/6/2014</u>	, changing the alternate
name in Florida from TRICOM CONSSTRUCTION, INC (Current Alternate Name)	t
,	
TRICOM CONTRACTING, INC	
(Alternate Name) NOTE: Must contain a corporate suffi	X
and its real name is unavailable in Florida.	
Date: 11/7/2014	
Kalua Waster	
	person signing

#### FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314