

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 517-6380

From:

Account Name : CONTRACTORS REPORTING SERVICE
Account Number : I20050000099
Phone : (813) 932-5244
Fax 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.****

Email Address: _____

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

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

DR
11/10/14

(((H14000259718 3)))



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 refile the complete document, including the electronic filing cover sheet.

The form that you submitted 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 form 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

RECEIVED
14 NOV -7 PM 4:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRICOM CONSTRUCTION, INC

(Name of Corporation)

DOCUMENT NUMBER: F14000004612

The enclosed *Resolution of the Board of Directors to Change the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN ALBANO

(Name of Contact Person)

CONTRACTORS REPORTING SERVICE INC

(Firm/Company)

13795 N NEBRASKA AVE

(Address)

TAMPA, FL 33613

(City/State and Zip Code)

For further information concerning this matter, please call:

ROMAN ALBANO

(Name of Contact Person)

at (813) 932-5244 X 101

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FILED
2014 NOV - 7 AM 10: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 11/6/2014, changing the alternate

name in Florida from TRICOM CONSSTRUCTION, INC to
(Current Alternate Name)

TRICOM CONTRACTING, INC
(Alternate Name) NOTE: Must contain a corporate suffix

and its real name is unavailable in Florida.

Date: 11/7/2014

Signature of Chairman, Vice Chairman of the Board, a
director or any officer

VP
Title of 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