G28459

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Amend

JUL 11 2019 D CUSHING

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Contractors Notice Services 628459 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Water field Name of Contact Person Address City/ State and Zip Code Kevin. Conservices C Tampabay. M. com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filling Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment

Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
638459	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	ais Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion." "company," or "incorporated" or the abbreviation ""Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
	: 0
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent Kevin Wate	cfield 5
1541 North	Dale Matry Hwy, #101 & 35
New Registered Office Address: LUTZ	FL 33548 Florida (Zip Code)
Sew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.
- 4 Della	
, signature of New	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	•	an and an analysis	
X Change	<u>PT J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	<u>like Jones</u>	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>N'ame</u>	<u>Addres</u> s
1) Change	PD	Richard Water field	PO Box 355
Add			Lutz, FL 3354
Remove			
2) Change	PD_	Kevin Waterfield	PO BOX 355
Add			Lutz FL 33548
Remove	.00	$\sim H$.	
3) L Change	<u>PD</u>	Billy Herrdon	PO BOX 355
Add		•	Lutz, FL 33548
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	cles, enter change((Be specific)				
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provisions for implementing the amen	ange, reclassification	on, or cancellat	ion of issued s indment itself	<u>hares.</u>	
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification	on, or cancellat sined in the amo	ion of issued s indment itself	hares.	
provisions for implementing the amen	ange, reclassification designment if not conta	on, or cancellat ined in the amo	ion of issued s indment itself	hares.	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if annihing July 12 2019	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	der
action was not required.	
Dated 6/12/19/	
Signature A la	
(By a director, president or other officer—if directors or officers have not bee selected, by an incorporator — if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	n urt
(Typed or printed name of person signing)	
President	
(Title of person signing)	