7/10/2017



Florida Department of State

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: POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : I20170000034

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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 R. FRY BUILDERS, INC.

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JUL 1 8 2017 C MCNAIR

COVER LETTER

TO: Amendment Se Division of Cor				
NAME OF CORPO	P. FRY BUILDER	RS, INC	·	
DOCUMENT NUM				
	es of Amendment and fee are su	abmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	RITA JACKMAN			
		Name of Contact Person	n	
	Firm/ Company			
	4575 VIA ROYALE STE 20			
	TAREL SERVICE TO A0010	Address		
	FORT MYERS, FL 33919			
		City/ State and Zip Cod	e	
LEC	GAL@YOUR-ADVOCATES.C	ORG	•	
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, please	se call:		
RITA JACKMAN		at (²³⁹	699-8604	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depa	riment of State:	
\$35 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)	
An Di P.C	nilling Address mendment Section vision of Corporations D. Box 6327 llabassee, FL 32314	Amend Divisio Cliften 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

R. FRY BUILDERS, INC		· · · · · · · · · · · · · · · · · · ·
(Name	of Corporation as currently filed with the F	orida Dept. of State)
J14974		, ž
	(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Col	poration adopts the following amendme
A. If amending name, enter the new n	ame of the corporation;	
		The new
	tain the word "corporation," "company," on matlon "Corp," "Inc," or "Co". A profession tion," or the abbreviation "P.A."	
B. <u>Enter new principal office address.</u> (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	·
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent an new registered agent and/or the ne	<u>id/or registered office address in Florida, en</u> w registered office address;	ter the name of the
Name of New Registered Agent	CONNIE D FRY	•
Name of New Revisierea Apeni	923 DEL PRADO BLVD UNIT 203	
	(Florida street address)	
New Registered Office Address:	CAPE CORAL	Florida 33990
HEW REPAIR OF THE AUGUSTS.	(Ctty)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent; tered agent. I am familiar with and accept the	obligations of the position.
, , , , , , , , , , , , , , , , , , , ,		<u> </u>
	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: X Change	PI	John Do	×.	
X Remove	¥	Mike Jo	nes	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change				
Add			•	
Remove				
2)Change				
Add		_		
Remove			,	
3)Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 da	rys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The nm by the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	fficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	nout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
JULY 10,2017 Dated	_
Signature	
(By a director, president or other office) - selected, by an incorporator - if in the har appointed fiduciary by that fiduciary)	
RITA JACKMAN	
(Typed or printed name	e of person signing)
ATTORNEY	•
(Title of pe	rson signing)