L66910

(Requestor's Name)
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(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE

COVER LETTER

7.

TO: Amendment Section

Division of Corp	porations				
NAME OF CORPO	PRATION: Fagan Construction	n. Inc.			
DOCUMENT NUM					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	uter to the following:			
	Kerry B. Fagan				
		Name of Contact Person	n		
	Firm/ Company				
	10435 N Big Bass Trail				
	Address				
	Dunnellon, FL 34434				
		City/ State and Zip Cod	ů.		
For further information	E-mail address: (to be used on concerning this matter, plea	sed for future annual report	notification)		
Kerry B. Fagan		at (352	266-4893		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

Fagan Construction, Inc.	2021 FEB 19 PM 2.00 !
(Name of Corporation as	currently filed with the Florida Dept. of State) 3.37
1.66910	TAIL ARY OF STATE
	TALLAHAUSEE EI
(Locument N	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment
A 16 amount of the common of t	
A. If amending name, enter the new name of the corpor	<u>ation:</u> !
	The new
name must be distinguishable and contain the word "corpord "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable:	i
(Principal office address MUST BE A STREET ADDRES	(S)
7, meq/ar 1, y, rec u=u 1 sax <u>, a con 1 sax , a con 1 sax</u>	
C. Enter new mailing address, if applicable:	!
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Vanna of New Projectored Legar	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(F	Florida street address)
V D 106 111	Placida
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
rereby accept the appointment as registered agent. I am j	familiar with tha accept the obligations of the position.
Signature (of New Registered Agent, if changing
Check if applicable	
	t e e e e e e e e e e e e e e e e e e e

address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic	e r and /or l ets, if neces 'director til ee Presiden	Director being added: ssary) tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Direct	tor; TR= Trustee; C = Chairman or Clerk: CEO = Chief
President, Treasurer, I. Changes should be now a change, Mike Jones I	Director we ed in the fo leaves the c	ould be PTD. ollowing manner. Currently John Doe is lis	Is more than one title, list the first letter of each office held. sted as the PST and Mike Jones is listed as the V. There is d S. These should be noted as John Doe, PT as a Change,
X_Change	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	VP	Linda J. Fagan	10765 N Wise Owl Pt.
Add			Dunnellon, FL 34434
X Remove			
2) Change			!
Add			
Remove Change			
Add			
Remove			
1) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ó) Change			
Add			
Remove			

Attach additional sheets, if no	cessury). (he specific,	,			
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an amendment provides fo	r an exchange, reclassit	fication, or cancella	tion of issued shares,		
provisions for implementing (if not applicable, indicat	the amendment if not e NM)	contained in the an	endment itself:		
••	,			1	
					
					
					
	_	· -			
					
					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	!
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	ĺ
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendatificient for approval.	ment(s)
	proved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	<u>l 3,2021</u>	
Signature	167	1
selecte	firector, president or other officer – if directors or officers have not lad, by an incorporator – if in the hands of a receiver, trustee, or other ited fiduciary by that fiduciary)	
	Kerry B. Fagan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	1