

PO0000091981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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05/26/09--01042--020 \*\*52.50

FILED  
09 JUN 10 AM 10:32  
SECRETARY OF STATE  
CALIFORNIA

KIC/Amend

6-11-09

DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Lewis Builders, Inc.

**DOCUMENT NUMBER:** P00000091981

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Lewis Jr.

Name of Contact Person

Lewis Builders, Inc.

Firm/ Company

2 Greenvale Dr.

Address

Ormond Beach, FL 32174

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lewis

Name of Contact Person

at ( 386 )

290-9556

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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2009

MICHAEL LEWIS, JR.  
LEWIS BUILDERS INC.  
2 GREENVALE DRIVE  
ORMOND BEACH, FL 32174

SUBJECT: LEWIS BUILDERS, INC.  
Ref. Number: P00000091981

We have received your document for LEWIS BUILDERS, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 109A00018472

**Lewis Builders, Inc.**

2 Greenvale Dr.

Ormond Beach, Fl. 32174

CCC1326711/CRC027289

(O)386-673-8979,(C)386-290-9556,(fax)386-673-8979

**To: Darlene Connell**

**Re: Name Change for Lewis Builders, Inc.**

**Ref #: P00000091981**

Currently, I'm in the process of changing the name of my current business to Commercial Coating Pros of Florida. I have been denied on the basis it is the same as or not distinguishable from another company. That company is Commercial Coating Pros LLC. I'm also a manager of that business at this time. What I want to do is change my company name(Lewis Builders, Inc) and than close Commercial Coating Pros, LLC. Its costing too much money to keep both open. But I need to have both open until name is also changed with Construction Industry Licensing Board before I close CCP, LLC. Or I will lose business and advertising. I've already applied with CILB for name change(they cashed check already) and was hoping for smooth transition. Please feel free to contact me @ 386-290-9556 and hopefully we can get this issue resolved. Thanks again!

A handwritten signature in black ink, appearing to read 'Michael Lewis', followed by the word 'Pres' written in a cursive script.

**Michael Lewis, President  
LEWIS BUILDERS,INC.**

Articles of Amendment  
to  
Articles of Incorporation  
of

Lewis Builders, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P00000091981

(Document Number of Corporation (if known))

FILED  
09 JUN 10 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Commercial Coating Pros of Florida, Inc.

*The new*

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

1025 6th street

Daytona Beach, Fl. 32117

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

1025 6th street

Daytona Beach, Fl. 32117

**N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

N/A **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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

N/A **E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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N/A **F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 05/20/09

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 05/20/09

Signature Michael Lewis President

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michael Lewis

(Typed or printed name of person signing)

President

(Title of person signing)