

PO1000081573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

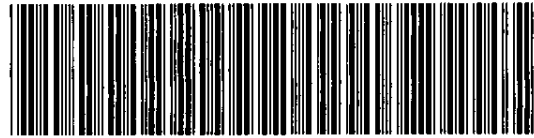
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN -9 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Theris
1-9-12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kent Custom Homes, Inc.
DOCUMENT NUMBER: P01000081573

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

Please return all correspondence concerning this matter to the following:

Jimmy Daniels
Name of Contact Person
Kent Custom Homes, Inc
Firm/ Company
P.O. Box 700355
Address
St. Cloud, FL 34770
City/ State and Zip Code
kch@embargo.mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimmy Daniels at (321) 624-1798
Name of Contact Person Area Code & Daytime Telephone Number

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

☒ \$35 Filing Fee
(already on file)
☐ \$43.75 Filing Fee &
Certificate of Status
enclosed)
☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
(Additional Copy
☐ \$52.50 Filing Fee
Certificate of Status
Certified 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

December 16, 2011

JIMMY DANIELS
KENT CUSTOM HOMES, INC.
P. O. BOX 700355
SAINT CLOUD, FL 34770

SUBJECT: KENT CUSTOM HOMES, INC.
Ref. Number: P01000081573

We have received your document for KENT CUSTOM HOMES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 011A00028119

RECEIVED

12 JAN -9 AM 8:12

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/13/01 BY 1043

Articles of Amendment
to
Articles of Incorporation
of

Kent Custom Homes, Inc.

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

PO1000081573

(Document Number of Corporation (if known))

FILED
12 JAN -9 PM 12:11
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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

(Attach additional sheets, if necessary)

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.

Example:

Address

6) Change _____
Add _____
Remove _____

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

N/A

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)

N/A

The date of each amendment(s) adoption: 12/27/2011

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 12/27/2011

Signature _____

(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)

Jimmy Daniels

(Typed or printed name of person signing)

Vice President

(Title of person signing)