

PD10000088608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 JUN 27 PM 4:23  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name chg  
CC/CLIS  
@ 6.27.12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ARDELL HOMES, INC.  
DOCUMENT NUMBER: P01000088608

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

Please return all correspondence concerning this matter to the following:

MICHAEL KOHNIT  
Name of Contact Person  
ARDELL HOMES, INC.  
Firm/ Company  
3809 WOOD ROW RIDGE ST  
Address  
SARASOTA, FL 34233  
City/ State and Zip Code  
ASTROS HOMES @ GMAIL. COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL KOHNIT at ( 941 ) 266-3931  
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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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 22, 2012

MICHAEL KOHOUT                      2ND MAILING  
ARDELL HOMES, INC.  
3809 WOODROW RIDGE ST.  
SARASOTA, FL 34233

SUBJECT: ARDELL HOMES, INC.  
Ref. Number: P01000088608

We have received your document for ARDELL HOMES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 012A00017313



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2012

MICHAL KOHOUT  
ARDELL HOMES, INC.  
P.O. BOX 51205  
SARASOTA, FL 34232

SUBJECT: ARDELL HOMES, INC.  
Ref. Number: P01000088608

We have received your document for ARDELL HOMES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 612A00016539

Articles of Amendment  
to  
Articles of Incorporation  
of

ARDELL HOMES, INC.

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

P 01 0000 886 08

(Document Number of Corporation (if known))

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 27 PM 4:23

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:

SUNCREST HOME BUILDERS, 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**)

3809 WOODROW RIDGE ST  
SARASOTA, FL 34233

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

SAME AS OLD ADDRESS

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.

N/A

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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	N/A		
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	N/A		
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	N/A		
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	N/A		
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	N/A		
6) <input type="checkbox"/> Change <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)

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)

N/A

The date of each amendment(s) adoption: 6/27/2012  
Effective date if applicable: 6/27/2012  
(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 6/27/2012  
Signature Michael Kohout  
(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 KOHOUT

(Typed or printed name of person signing)

OWNER / PRESIDENT

(Title of person signing)