P03000123202

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| , |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Octanica copies |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



100208604401

anen

06/20/11--01015--017 **35.00



6/2/11

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF COR | PORATION: | Hutchison Carpentry, Inc. | | | |
|--|--|---|---|--|--|
| DOCUMENT NU | JMBER: | P03000123202 | | | |
| The enclosed Artic | cles of Amendment and fee a | are submitted for filing. | | | |
| Please return all co | orrespondence concerning th | is matter to the following: | | | |
| | Marilyn Hutchison | | | | |
| | Ŋ | Name of Contact Person | | | |
| | Huto | chison Carpentry, Inc. | | | |
| | | Firm/ Company | | | |
| | | 4033 Edwards St. | | | |
| | | Address | | | |
| | | elbourne, FL 32901 | | | |
| | | City/ State and Zip Code | | | |
| | E-mail address: (to be use | utch@cfl.rr.com and for future annual report notification) | | | |
| For further inform | ation concerning this matter, | please call: | | | |
| | Scott Hutchison | at (<u>321</u>) 72 | | | |
| Name of Contact Person | | Area Code & Daytime Tel | ephone Number | | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Depart | ment 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 A | | Street Address | | | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | • | | |
| P.O. Roy 6327 | | Clifton Building | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

| Hutchison Carpentr | y, Inc. | 2011 JUN 20 PM 4: 14 |
|--|-------------------------|---|
| (Name of Corporation as currently filed wit | h the Florida D | Dept. of State) |
| P0300012320 | | SECRETARY OF STATE TALLAHASSEE, FLORID4 |
| (Document Number of Corpor | ation (if known) |) |
| ursuant to the provisions of section 607.1006, Florida Statemendment(s) to its Articles of Incorporation: | utes, this <i>Flori</i> | ida Profit Corporation adopts the following |
| . If amending name, enter the new name of the corporat | ion: | |
| | | The new |
| ame must be distinguishable and contain the word "co bbreviation "Corp.," "Inc.," or Co.," or the designation " ame must contain the word "chartered," "professional assoc | Corp," "Inc," (| or "Co". A professional corporation |
| Enter new principal office address, if applicable: | 4000 Old | Dixie Hwy. |
| Principal office address <u>MUST BE A STREET ADDRESS</u> | Grant, FL | 32950 |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 740 Abeto | St. NE |
| | Palm Bay | FL 32905 |
| . If amending the registered agent and/or registered office | | lorida, enter the name of the |
| new registered agent and/or the new registered office a | <u>ddress:</u> | |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: (Flo | orida street addi | ress) |
| | | , Florida |
| (Cit | v) | (Zip Code) |
| ew Registered Agent's Signature, if changing Registered | Agent: | |
| hereby accept the appointment as registered agent. I am fai | | accept the obligations of the position. |
| | | |
| Signature of Na | w Registered A | gent 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|--|-----------------------|
| Officer | Robert Bennett | 3350 Wedgewood Rd Palm Bay FL 3290 |) |
| Directo | Marilyn K. Hutchison | 740 Abeto St. NE Palm Bay, FL 32905 | _ ☑ Add _ □ Remove |
| | | | |
| | ding or adding additional Articles, enditional sheets, if necessary). (Be s | | |
| | | | |
| provisi | mendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A) | | |
| | | | |
| | | | |

| The date of each amendmen | |
|--|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) |
| anecuve date <u>ii applicable</u> . | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| The amendment(s) was/we must be separately provide | re approved by the shareholders through voting groups. The following statemen ad 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) |
| | (voting group) |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated_6-9- | 11 |
| | a director, president or other officer – if directors or officers have not been |
| sele | cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | Scott Hutchison |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |