P0300014184L

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



500184058995

500184058995 08/19/10--01015--002 **52.50

COVER LETTER

TO: Amendment Section **Division of Corporations** CHARLES HOWARD Builder IK. NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$43.75 Filing Fee & □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (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



August 19, 2010

CHRIS HOWARD P.O. BOX 685 GROVELAND, FL 34736

SUBJECT: CHARLES HOWARD BUILDER, INC.

Ref. Number: P03000141846

We have received your document for CHARLES HOWARD BUILDER, 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 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.

The document number of the name conflict is L04000004283.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 710A00019998

Articles of Amendment

to

Articles of Incorporation of

CAPPLES ton	hard But	Idel,	ANC.	
(Name of Corporation as current	ly filed with the Flori	da Dept. of St	ate)	
(Document Number	r of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, Famendment(s) to its Articles of Incorporation:	Florida Statutes, this I	Florida Profit	Corporation add	opts the following
A. If amending name, enter the new name of the	e corporation:	C.		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profess	word "corporation," signation "Corp," "Ir sional association," or	' "company," ac," or "Co".	A professional	ed" or the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			AHADSEE, FE	FILED FILED
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX RICE	BOY NELAA	685 \$	34736
D. If amending the registered agent and/or reginew registered agent and/or the new register		in Florida, en	ter the name of	the
Name of New Registered Agent:		- "-"		
New Registered Office Address:	(Florida street	address)		
	(City)	(Zi	, Florida ip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		and accept the	e obligations of th	he position.
Sign	nature of New Register	ed Agent, if ch	 anging	

. 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) Title ' **Type of Action** Name 1 <u>Address</u> Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s)	adoption:	12/10	
· _ · · · ·	- (unic of uni	option is required)	
(no	o more than 90 days after a	nmendment file date)	
A.B. (4)	(CHECH ONE)		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. sufficient for approval.	. The number of votes cast for the	amendment(s)
The amendment(s) was/were a must be separately provided for		rs through voting groups. <i>The foll d to vote separately on the amend</i>	
"The number of votes cast	for the amendment(s) was/	were sufficient for approval	
by		,,,	
(vo	ting group)		
 The amendment(s) was/were action was not required. The amendment(s) was/were action was not required. 		s without shareholder action and s	
Dated_B(D	how	/	
selected		officer – if directors or officers have the hands of a receiver, trustee, o ary)	
_	Clav / e 5 (Typed or printed	I name of person signing)	
_	(Title of person signi	en f	