P03000150666

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2009 JUN 17 AM 8: 25
SECRETARY OF STATE
TALLAHASSEE, FLORID

ASR 6/A/09

COVER LETTER

TO: Amendment Section

Division of Corporations W. A. Carpentry, Inc. NAME OF CORPORATION: P03000150666 DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William A Funchess, III Name of Contact Person W. A. Carpentry, Inc. Firm/ Company 9127 FT. Caroline Road Address Jacksonville, FL 32225 City/ State and Zip Code waf150@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 514-9195

Area Code & Daytime Telephone Number William A. Funchess, III Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee **✓** \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation i of

	Contraction of
	FILED
)	ZOO9 JUN 17 AM 8: 25 TALLAHASSEE, FLORIDA
	- SEE, FLORID

W. A. Carpentry, Inc.

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

P03000150666

(Document Number of Corporation (if known)

owing

		The nev
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
(Francipul Office unuress <u>most be A STREE</u>		
		
C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	
D. If amending the registered agent and/or r		Florida, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ac	ddress)
	,	•
	(City)	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u> , .	Christopher Knight	517 8th Avenue North Jacksonville Bch. FL 32250	_
			_ □ Add _ □ Remove
			_
(annon uu	lditional sheets, if necessary). (Be		
		e, reclassification, or cancellation of i	
(if no	ot applicable, indicate N/A)		

The date of each amendment(s) adoption: 6 12 09
(date of adoption is required)
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 $6/12/09$ Signature $AAASS$
(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)
William A. Funchess, III
(Typed or printed name of person signing)
President
(Title of person signing)