

P04000133238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

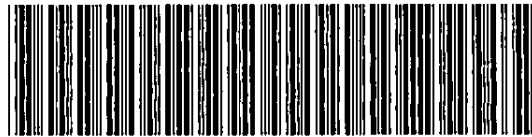
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*Amers*

RECEIVED  
DEPARTMENT OF STATE  
12 DEC -5 PM 4:25

FILED  
2012 DEC -5 PM 4:32  
U.S. DEPT. OF STATE  
WASHINGTON, D.C. 20540

DEC 05 2012

T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Masonry Incorporated

**DOCUMENT NUMBER:** P0400133238

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

Please return all correspondence concerning this matter to the following:

Michael Hettinger

Name of Contact Person

Masonry Incorporated

Firm/ Company

1205 Equestrian Way

Address

Tallahassee, Florida 32312

City/ State and Zip Code

mikeh.abc@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hettinger

Name of Contact Person

at ( 850 ) 251-6621

Area Code & Daytime Telephone Number

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Masonry Incorporated

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

P04000133238

(Document Number of Corporation (if known))

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:**

*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**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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*

Michael A Hettinger

1205 Equestrian Way

(Florida street address)

*New Registered Office Address:*

Tallahassee

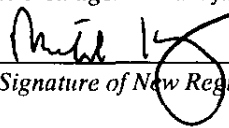
(City)

, Florida 32312

(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.*

*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.*

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Title</u>	Name
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Address

1) ☐ Change PTS Anneli Nystrand Magee 703 East Tennessee St.  
☐ Add Tallahassee, FL 32308  
☒ Remove

2) <u>    </u> Change	<u>PT</u>	<u>Michael Hettinger</u>	<u>1205 Equestrian Way</u>
<u>X</u> Add			<u>Tallahassee, FL 32312</u>
<u>    </u> Remove			

3) Change \_\_\_\_\_

Add \_\_\_\_\_

Remove \_\_\_\_\_

4) \_\_\_\_\_ Change  
\_\_\_\_\_ Add  
\_\_\_\_\_ Remove

5) \_\_\_\_\_ Change \_\_\_\_\_  
\_\_\_\_\_ Add \_\_\_\_\_  
\_\_\_\_\_ Remove \_\_\_\_\_

6) Change \_\_\_\_\_

Add \_\_\_\_\_

Remove \_\_\_\_\_

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The date of each amendment(s) adoption: November 30, 2012

Effective date if applicable: November 30, 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 November 30, 2012

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)

Michael Hettinger

(Typed or printed name of person signing)

President

(Title of person signing)