

PD5000054123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

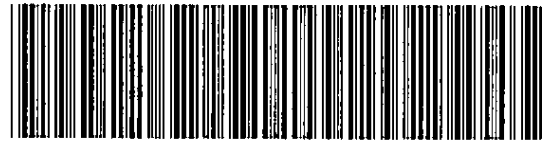
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/21--01007--006 **35.00

PAID

SEP 15 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2021

MARY ERVIN
205 WEST DR #1
MELBOURNE, FL 32904

SUBJECT: ANDERSON BROTHERS, INC.
Ref. Number: P05000054123

We have received your document for ANDERSON BROTHERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two documents under one filing fee. Either remit an additional fee of \$35.00 and file both or choose one to file. The registered agent change form is not needed since the change is being made on restated articles.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 921A00020794

COVER LETTER

Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Anderson Brothers Inc
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☒ \$35.00 ☐ \$43.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$43.75 ☐ \$52.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Mary Ervin
Name (Printed or typed)

205 West Dr. # 1
Address

Melbourne, FL 32904
City, State & Zip

321-312-9448
Daytime Telephone number

andersonbrosoffing@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation is: Anderson Brothers Inc

ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows: _____

Officer/Director Detail: - 51% President

Title: DPST

Name: Michael GUCCIONE

Address: 179 Via De La Reina

Merritt Island, FL 32953

Title: VP

Name: Mary Ervin

Address: 179 Via De La Reina

Merritt Island, FL 32953

ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|-------------|-------------------------|---|
| 1) <u> </u> Change <u> </u> Add <u>X</u> Remove | <u>DPST</u> | <u>Dale C. Anderson</u> | <u>633 Espanola Way</u> <u>Melbourne, FL 32901</u> |
| 2) <u>X</u> Change <u> </u> Add <u> </u> Remove | <u>VP</u> | <u>Michael Guccione</u> | <u>179 Via De La Reina</u> <u>Merritt Island, FL 32955</u> |
| 3) <u> </u> Change <u>X</u> Add <u> </u> Remove | <u>DPST</u> | <u>Michael Guccione</u> | <u>179 Via De La Reina</u> <u>Merritt Island, FL</u> <u>32955</u> |
| 4) <u> </u> Change <u>X</u> Add <u> </u> Remove | <u>VP</u> | <u>Mary Ervin</u> | <u>179 Via De La Reina</u> <u>Merritt Island, FL 32955</u> |
| 5) <u> </u> Change <u> </u> Add <u> </u> Remove | <u> </u> | <u> </u> | <u> </u> |
| 6) <u> </u> Change <u> </u> Add | <u> </u> | <u> </u> | <u> </u> |

ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael G. Gucione

Address: 205 West Dr #1
Melbourne, FL 32904

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

Required Signature/Registered Agent

8/13/2024
Date

ARTICLE VI ARTICLE CONSOLIDATION

These restated articles of incorporation consolidate all amendments into a single document;

ARTICLE VII REQUIRED ADOPTION INFORMATION

Check if applicable:

- ☐ The amendment(s) is/are being filed pursuant to s. 607.0120(11), F.S.

The date of each amendment(s) adoption is: 1-1-2021
if other than the date this document is signed.

Adoption of Amendment(s) . **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.

- ☐ The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.

- ☐ The amendment(s) was/were approved by the shareholders through voting group. *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 was/were sufficient for approval by

(voting group)

ARTICLE VIII EFFECTIVE DATE:

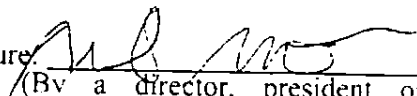
Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dated: 8-13-2021

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 Guccione

(Typed or printed name of person signing)

President

(Title of person signing)