

PD500066419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

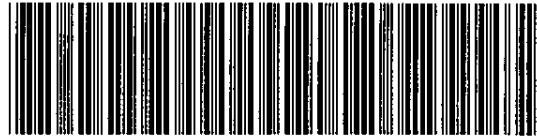
(Business Entity Name)

(Document Number)

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12/01/08--01042--003 **43.75

NC/Amend
SJ

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC 15 AM 8:52

FILED

12-16-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Salem Contracting, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO5000066449

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda C Dean

(Name of Contact Person)

Salem Contracting, Inc

(Firm/Company)

624-409 Matthews Mint Hill Road

(Address)

Charlotte, NC 28105

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda C Dean

(Name of Contact Person)

at (704) 321-5216

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2008

LINDA C. DEAN
SALEM CONTRACTING, INC.
624-409 MATTHEWS MINT HILL ROAD
CHARLOTTE, NC 28105

SUBJECT: SALEM CONTRACTING & WATERPROOFING, INC.
Ref. Number: P05000066449

We have received your document for SALEM CONTRACTING & WATERPROOFING, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 208A00059380

RECEIVED
2008 DEC 15 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

FILED
2008 DEC 15 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Salem Contracting + Waterproofing Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

PD5000066449

(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:

Salem Contracting Inc

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)

604-409 Matthews - Mint Hill Rd

Matthews NC 28105

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 815

INDIAN TRAIL, NC 28079

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

- **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:**

N/A

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

- E. If amending or adding additional Articles, enter change(s) here:**

N/A

(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:**

N/A

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: April 01, 2005 SEE ATTACHED

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 12-10-08

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)

GARY W MOORE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)