## P05000149480

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_ Goodson's Insulation & Water Proofing, Inc. DOCUMENT NUMBER: P05000149480 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Neil Goodson Name of Contact Person Goodson's Insulation & Water Proofing, inc. Firm/ Company 293 Joe Avenue Address Wewahitchka, FL 32465 City/ State and Zip Code keith@keithjonescpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 850 ) 229-1040

Area Code & Daytime Telephone Number Keith L. Jones, CPA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

Goodson's Insulation & Water Proofing, Inc (Name of Corporation as currently filed with the Florida Dept. of State) P05000149480 (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: Forgotten Coast Property Services, Inc. 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 <u>MUST BE A STREET ADDRESS</u>) 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 (Florida street address) Florida New Registered Office Address: 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:

(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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			,
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Article Attach additional sheets, if necessary).	(Be specific)	<del></del>		
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f an amendment provides for an exch provisions for implementing the ame	nange, reclassification	, or cancellation of	issued shares,	
(if not applicable, indicate N/A)	nument ii noi contain	ed in the amendate	<u>it tisen.</u>	
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		·		

The date of each amendment	February 19, 2016	, if other than the
date this document was signed		, it other than the
·	February 19, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	;)
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	:r
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	ary 19, 2016	
Dated		
Signature	12. 1 1 mm	
Signature	By a director, president or other officer – if directors or officers have not been	
Se	elected, by an incorporator - if in the hands of a receiver, trustee, or other cour	1
aj	opointed fiduciary by that fiduciary)	
	Neil Goodson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	·· ————————