## P05000/634/6

(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	<u> </u>
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
	Construction, Inc.
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Villages Co Fin 1410 Emer Leesbur City/Sta	oh Ray/ f Contact Person  MSTruction, Inc.  m/Company  Son St.  Address  Ad
For further information concerning this matter, please call:	
Joseph Ray/ Name of Contact Person	at (35A) 314-3625 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to t	he Florida Department of State:
Certificate of Status Certific (Additi	is Filing Fee & S52.50 Filing Fee ed Copy Certificate of Status onal copy is Certified Copy ed) (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
		_

Villages Const	ruction, Inc.
(Name of Corporation as currently filed with the Flo	
P 65 000 16 34	16
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation to.". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	//A
Name of New Registered Agent  (Florida stree	et afdress)
New Registered Office 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 the second s	A
Signature of New Registered Ag	gent, 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:	e, who bu	my brown, br up un ziwu.	
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) X Change	<u>P</u>	Joseph E Ray	20201 Grass Roots Re
Add			Groveland, FL 34736
Remove			
2) Change	<u></u>	Reynolds Holiman	24200 U.S. Hwy.27 Leesburg, FL 34748
X Add			Leesburg, FL 34748
Remove			
3) Change	•		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
ه ا			
6) Change			
Add			
Remove			

Attach <i>addi</i>	tional sheets, if necessary). (Be specific)  \[ \lambda \]  \[ \lambda \]
	N V
F	
provisions	iment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:
(if not	applicable, indicate N/A)
	1 ^
•	
	· /

The date of each amendment(s) adopt	tion:	, if other than the
date this document was signed.	·	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
action was not required.	•	
Dated 11 [13]	13	
Signature		
(By a direct selected, by	tor, president or other officer—if directors or officers have not been y an incorporator—if in the hands of a receiver, trustee, or other court iductory by that fiduciary)	
	Toseph E Ray   (Typed or printed name of person signing)	
<del></del>	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>