## P05000163747

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	_	MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY ENTERING

12/5/09

## COVER LETTER

**TO:** Amendment Section . Division of Corporations

NAME OF CORPORATION: Haven Construction Co					
DOCUMENT NU	NUMBER:P05000163747				
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.			
Please return all c	orrespondence concerning th	is matter to the following:			
		Carmen Rivera			
	,	lame of Contact Person			
	Hav	ren Construction Co.			
		Firm/ Company			
		PO Box 2010			
		Address	-		
	Ha	ines City, FL 33845			
		ity/ State and Zip Code			
<del></del>	Crivera E-mail address: (to be use	a@havenfl.com d for future annual report notification)			
For further inform	ation concerning this matter,	please call:			
•	Carmen Rivera	at ( <u>863</u> ) <u>35</u> Area Code & Daytime Tele	3-1535		
Name of Contact Person		Area Code & Daytime Tele	phone Number		
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depart	ment 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)		
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

If amending name, enter the new name of the corporation:  N/A  The new me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  N/A		10		
(Document Number of Corporation (if known)  If amending name, enter the new name of the corporation:  N/A  The new mem must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Initial office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  N/A  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:  N/A  Name of New Registered Agent:  N/A  New Registered Office Address:  (Florida street address)			rporation	FILED
(Document Number of Corporation (if known):  arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followed mendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  N/A  The new menust be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  If amending address MUST BE A STREET ADDRESS  Enter new mailing address MAY BE A POST OFFICE BOX)  Milling address MAY BE A POST OFFICE BOX  N/A  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:  N/A  New Registered Office Address:  (Florida street address)		01	_	2000 00-
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If amending address MUST BE A STREET ADDRESS)    If amending address MAY BE A POST OFFICE BOX   N/A   New Registered Office Address:   N/A   N/A	(Name of Corporation as c	urrently med with t	ne Fiorida Dept.	TALLARY AND STARY
Arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followed mendment(s) to its Articles of Incorporation:    If amending name, enter the new name of the corporation:   N/A	P	05000163747	CCI	TAMASSECTE
N/A  The new time must be distinguishable and contain the word "corporation," "company," or "incorporated" or the obreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  N/A  Principal office address MUST BE A STREET ADDRESS   Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  N/A  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:  N/A  New Registered Office Address:  (Florida street address)	(Document)	Number of Corporation	on (if known).	~ ONIOA
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Name of New Registered Agent:  New Registered Office Address:  N/A  New Registered Office Address:  (Florida street address)	ame must contain the word "chartered,"  Enter new principal office address, if Principal office address MUST BE A STR	'professional associa applicable: REET ADDRESS )  ble:	tion," or the abb	
	new registered agent and/or the new r	egistered office add		a, enter the name of the
(City) (Zip Code)	New Registered Office Address:	(Floria	la street address)	
	New Registered Office Address:	(Floria	la street address)	Florida
	New Registered Office Address:	,	da street address)	, Florida (Zip Code)
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ew Registered Agent's Signature, if cha	(City) nging Registered Ag	ent:	

Signature of New Registered Agent, if changing

## removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title <u>Address</u> Type of Action <u>Name</u> Р Thomas Coady Carmen Rivera Р 2850 Osprey Cove PL #202 ☑ Add E. If amending or adding additional Articles, enter change(s) here: (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: (if not applicable, indicate N/A) N/A

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(	s) adoption: December 1, 2009
	December 1, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
<u> </u>	Mer 1, 2009 Julie Guer
(By a select	a director, president of other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Carmen Rivera
	(Typed or printed name of person signing)
	CEO, S
	(Title of person signing)