P05000 67924

| | 300000 | ada Noma | | | |
|----------------------|-------------------------------------|-------------|----------|-------|-------------|
| (1 | request | or's Name) | l | | |
| | | | | | |
| (/ | Address |) | | | |
| | | | | | |
| (/ | Address |) | | | |
| | | | | | |
| (0 | City/Stat | :e/Zip/Phor | ne #) | | |
| PICK-UP | | WAIT | | ☐ MA | AL |
| _ | , | _ | | | |
| | i | - F-&- N- | <u> </u> | | |
| (1 | Susines | s Entity Na | me) | | |
| | | | | | |
| (1 | Docume | nt Number |) | | |
| | | | | | |
| Certified Copies | | Certificate | s of S | tatus | |
| | | | | | |
| Special Instructions | to Filina | Officer: | | | |
| | · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | - 1 |

Office Use Only

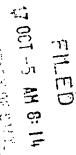


200303156162

08/31/17--01009--011 **35.00

S TALLENT OCT 0 6 2017

Mond





September 6, 2017

STEPHANIE R. BEARD SLAYTON CONSTRUCTION CORPORATION PO BOX 2827 OKEECHOBEE, FL 34973

SUBJECT: SLAYTON CONSTRUCTION CORPORATION

Ref. Number: P05000167924

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

The date of adoption of each amendment must be included in the document.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 617A00018378

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Slayton Constructi | on Corporation | | | | | |
|--------------------------|---|--|---|--|--|--|--|
| DOCUMENT NUMB | 20 4005006 | 050000 167 | 924 | | | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | | | |
| : | Stephanie R. Beard | | | | | | |
| - | , , , , , , , , , , , , , , , , , , , | Name of Contact Persor | 1 | | | | |
| : | Slayton Construction Corporation | | | | | | |
| - | | Firm/ Company | | | | | |
| 1 | PO Box 2827 | | | | | | |
| - | | Address | | | | | |
| | Okeechobee, FL 34973 | | | | | | |
| - | | City/ State and Zip Code | e | | | | |
| otvels | nconstructioncorp@gmail.com | m | | | | | |
| | | sed for future annual report | natification) | | | | |
| | 15-man address. (to be da | sed for future amagar report | notineation) | | | | |
| For further information | concerning this matter, pleas | se call: | | | | | |
| Stephanie R. Beard | | .321 | . 848-1961 | | | | |
| Name of Contact Person | | at (321 848-1961 Area Code & Daytime Telephone Numbe | | | | | |
| | | | | | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | ertment 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) | | | | |
| Mailing Address | | | Address | | | | |
| | ndment Section | Amendment Section | | | | | |
| | ion of Corporations Box 6327 | | n of Corporations Building | | | | |
| | hassee, FL 32314 | | xecutive Center Circle | | | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| rida Dept. of State) own) | | | | | |
|---|--|--|--|--|--|
| wn) | | | | | |
| own) | | | | | |
| | | | | | |
| oration adopts the following amendment(s | | | | | |
| | | | | | |
| The new | | | | | |
| "incorporated" or the abbreviation al corporation name must contain the | | | | | |
| 605 SW Park Street, Suite 204 | | | | | |
| _ 34972 | | | | | |
| 3 T | | | | | |
| 77 M | | | | | |
| 34973-2827 | | | | | |
| | | | | | |
| er the name of the | | | | | |
| | | | | | |
| 70.71.4 | | | | | |
| (Florida street address) | | | | | |
| 34972 , Florida | | | | | |
| (Zip Code) | | | | | |
| | | | | | |

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: XChange | <u>PT</u> | John Doe | <u>.</u> | | | | |
|----------------------------|--------------|-------------|----------------|-------------|---------------------------------------|--|--|
| X Remove | <u>V</u> | Mike Jon | <u>es</u> | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | Address | | |
| 1) Change | N/A | | Not Applicable | | | | |
| Add | | | | | | | |
| Remove | | | | | A A A A A A A A A A A A A A A A A A A | | |
| 2) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 3) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 4) Change | | | | | | | |
| Add | | | | | n-10-11-1 | | |
| Remove | | | | | | | |
| 5) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 6) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |

| C. If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) | |
|---|--|---------------|
| ot Applicable | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | - |
| | | |
| | | |
| | | |
| | | |
| | A STATE OF THE STA | |
| | | |
| | | |
| | | |
| . If an amendment provides for an excl | ange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the ame (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: | |
| | | |
| Not Applicable | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| The date of each amendment(s) adoption: 8/21/17 date this document was signed. | , if other than the |
|--|---------------------------|
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | will not be listed as the |
| 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 | |
| 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 | |
| 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 Slayton | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |