## P0600095663

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON: Sefo Construction	Services, Inc.			
DOCUMENT NUMBER:	P06000095663				
The enclosed Articles of Ar	nendment and fee are st	abmitted for filing.			
Please return all correspond	ence concerning this ma	itter to the following:			
Aug	ist R. Sefo				
	Name of Contact Person				
		Firm/ Company			
37 N	lagnolia Drive				
	Address				
Free	Freeport, F1, 32439				
		City/ State and Zip Cod	e		
	E-mail address: (to be u	sed for future annual report	notification)		
For further information con	cerning this matter, pleas	se call:			
August R. Sefo		850) at (	de & Daytime Telephone Number		
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee I	□\$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)		
Division o P.O. Box	ent Section of Corporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Sefo Construction Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P06000095663 (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: 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 ) 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 strect address) 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.

X Change	PT John	n Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
<u>X</u> Add	<u>SV</u> <u>Sall</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	officer	Bryan E Kilhefner	114 Mann Street	
Add			DeFuniak Springs, FL 32435	
X Remove				
2) Change	officer	Wesley F Gray	400 Caswell Road	
Add			DeFuniak Springs, FL 32433	
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<del></del>			
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	. (Be specific)
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
or or salong for implementing the affici	nament it not contained in the amenament itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	09/14/2017	
date this document was signed.		_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.	
☐ The amendment(s) was/were approved by must be separately provided for each you	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
	nendment(s) was/were sufficient for approval	
by	.,,	
ſ	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder	
DatedSignature	esident or other officer – if directors or officers have not been	
selected, by an in appointed fiducia	corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
August R.		
TRE	(Typed or printed name of person signing)	