

PD6000105145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

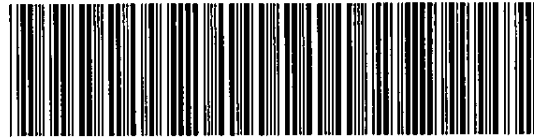
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 22 PM 2:45
FALLS CHURCH, VA
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JUN 22 2015
C McNAIR

JUN 15 2015
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Jun. 22. 2015 11:30AM

No. 0289 P. 1

ATTN: Cheryl
850-245-6897



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2015

LISI ROSS
SORENSEN HOMES
6022 FARCENDA PLACE
MELBOURNE, FL 32940

SUBJECT: SORENSON BUILDERS, INC.
Ref. Number: P06000105145

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 incorrect form was submitted. Please complete form pursuant to a Florida Profit Corporation, section 607.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 615A00012517

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15 JUN 22 PM 2:46
2015

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **SORENSEN BUILDERS, INC.**

DOCUMENT NUMBER: **P06000105145**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISI ROSS

Name of Contact Person

SORENSEN HOMES

Firm/ Company

6022 FARCENDA PLACE, SUITE 102

Address

MELBOURNE, FL 32940

City/ State and Zip Code

LISI.BREVARDELITE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISI ROSS

Name of Contact Person

at (**321**)

775-8122

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

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

FILED
15 JUN 22 PM 2:45

Articles of Amendment
to
Articles of Incorporation
of

SORENSEN BUILDERS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000105145

(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:

N/A

The new 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)

6022 FARCENDA PLACE, SUITE 102

MELBOURNE, FL 32940

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6022 FARCENDA PLACE, SUITE 102

MELBOURNE, FL 32940

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

LISI ROSS

6022 FARCENDA PLACE, SUITE 102

(Florida street address)

New Registered Office Address:

MELBOURNE

Florida

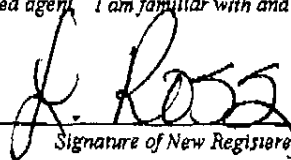
32940

(City)

(Zip Code)

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|-----|-------------------------|---------------------------------------|
| 1) <input checked="" type="checkbox"/> Change | P | <u>RONALD SORENSON</u> | <u>6022 FARCENDA PLACE, SUITE 102</u> |
| ___ Add | | | <u>MELBOURNE, FL 32940</u> |
| ___ Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | VSC | <u>BREANNE J. BROWN</u> | <u>6022 FARCENDA PLACE, SUITE 102</u> |
| ___ Add | | | <u>MELBOURNE, FL 32940</u> |
| ___ Remove | | | |
| 3) ___ Change | CFO | <u>LISI ROSS</u> | <u>6022 FARCENDA PLACE, SUITE 102</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MELBOURNE, FL 32940</u> |
| ___ Remove | | | |
| 4) ___ Change | | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 5) ___ Change | | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 6) ___ Change | | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

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

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 will not be listed as the document's effective date on the Department of State's records.

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 _____"
(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 JUNE 22, 2015

Signature

Breanne Brown
(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)

BREANNE J. BROWN

(Typed or printed name of person signing)

CHAIRMAN OF THE BOARD

(Title of person signing)