P06000116570

<u> </u>
(Requestor's Name)
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(Addiess)
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PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(December Member)
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COVER LETTER

TO: Amendment Section Division of Corporations

, s

NAME OF CORPO	RATION: FOSTER'S GENERATION	RAL CONTRACTING I	NC			
DOCUMENT NUM	BER:					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ROBERT FOSTER					
		Name of Contact Pers	son			
	FOSTER'S GENERAL CONTRACTING INC					
	Firm/ Company					
	10174 N. HILLIARD AVE					
		Address				
	GLEN ST. MARY, FL 32040)				
		City/ State and Zip Co	ode			
	FCGINC@YAHOO.COM					
	E-mail address: (to be us	sed for future annual repo	ort notification)			
		19				
For further information	n concerning this matter, pleas	se call:				
ROBERT D FOSTER		at (653-1136			
Name	of Contact Person		Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida De	epartment of State:			
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ame Divis The 2415	et Address Industrial			

Articles of Amendment to Articles of Incorporation of

FOSTER'S GENERAL CONTRACTING INC

(Name of Corporation as curr	rently filed with the Florida Do	ept. of State)	
P06000116570			
(Document Numb	per of Corporation (if known)	-	
Pursuant to the provisions of section 607,1006, Florida Statutes,	this Florida Profit Corporation	adopts the followin	g amendment(s) t
its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation	<u>n:</u>		
			The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "F	". A professional corporation	d" or the abbreviation name must contai	on "Corp.,"
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	 -	-	
C. C. a. W. H. C. C. W. M. M.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			
D. 16	uddongia Marida areareka	a-a afeka	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		ianie of the	
Name of New Registered Agent		· ·	-
			_
(Floria	da street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip (Code)
New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent. I am family		ons of the position	
r neven, uccept the appointment as registered agent. Tam jamit	nar wiin ana accept me oongaa	ons of the position.	792
			*
			3
Signature of Ne	ew Registered Agent, if changing		7921 Juny 24
	· · · ·		قَد
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 ((11)(c) FS		-
including in the state of the pursuant to 3, 007,0120 ((11) (6), 1.0.		ယ္

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)

Example:

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	<u>PT</u>	John Do	<u>ıc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	MGR		ROBERT G. FOSTER	10174 N. HILLIARD AVENUE
X Add				GLEN ST. MARY, FL 32040
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	
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If an amendment provides for an exchange, reclassification, or cancella	ation of iccupa charge
provisions for implementing the amendment if not contained in the an	nendment itself:
(if not applicable, indicate N/A)	

•

	06/01/2021	
The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date if applicable:		
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this datement of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder acti	ion and shareholder
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment cient for approval.	(s)
	ed by the shareholders through voting groups. The following statem the voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	2021 24
by	(voting group)	. : 2
	(voling group)	- - 0
6/15/2021 Dated		<u>=</u> ب
Signature	0 6	21- 295
(By a diped selected to	to, president or other officer - if directors or officers have not been y an incorporator - if in the hands of a receiver, trustee, or other coufiduciary by that fiduciary)	rt
RC	DBERT D. FOSTER	
	(Typed or printed name of person signing)	
PR	ESIDENT	
 -	(Title of person signing)	