## P07000054465

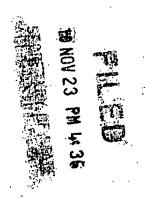
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Aprend.

## **COVER LETTER**

TO: Amendment Section

Divisiontof Corporations

NAME OF CORPORATION: Florida Development Contractors, Inc.				
DOCUMENT NUMBER:	P07000054465			
The enclosed Articles of Amendme	ent and fee are submitted for filing.			
Please return all correspondence co	oncerning this matter to the following:			
·	Christopher M. Sterner			
	Name of Contact Person			
<del></del>	The Sterner Group			
	Firm/ Company			
	PO Box 4566			
Oc.	Address  ala Elorida 3447.8  City/ State and Zip Code			
E-mail addr	chris@thesternergroup.com ress: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
Christopher M. Ster	*** \			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:			
☑ \$35 Filing Fee ☐ \$43.75 Filing Certificate o				
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation

Florida Develop	oment Contractors,	Inc.	
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)	
P07	000054465		
(Document Nur	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation adopts t	the following
A. If amending name, enter the new name o	f the corporation:		
		Th	e new
name must be distinguis!:able and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	," or "Co". A professional corpo	
B. Enter new principal office address, if app	licable:		
(Principal office address MUST BE A STREE			5 7
· · · · · · · · · · · · · · · · · · ·	•		
			ယ
			3 19
C.z Enter new mailing address; if applicable	· in the second second in the second second		La Carriera
(Mailing address MAY BE A POST OFFI			
		THE RESERVE OF THE PARTY OF THE	STATE CARRY
D. If amonding the registered agent and/on a	rogistaved office address i	- Florida, outou the name of the	
D. If amending the registered agent and/or new registered agent and/or the new registered.		i Fiorida, enter the name of the	
new registered agent and/of the new regi	stered office address.		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	oldrage)	
New Registered Office Address.	(Prortau street t	auress)	
		, Florida	_
	(City)	(Zip Code)	
Ni Darbarat Arrada Circa (C. 1	T 14 14 4		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		nd accent the obligations of the no	sition
2 not coy accept the appointment as registered to	Som I am jammar min a	na accept the congunous of the pos	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
S	lignature of New Registered	l 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)

		Address	Type of Action	
Р	Donna Lynn Haley	4886 SW 110th Street	Add	
		Ocala, FL, 34476	Remove	
			<del></del>	
<u>/P</u>	David J. Sterner	4913 NW 64th Blvd		
		Gainesville, FL. 32653	🗹 Remove	
P	David J. Sterner	4040 NIM CALL DI	—— ☑ Add	
	David 3. Sterner	4913 NW 64th Blvd Gainesville, FL, 32653	⊠ Add □ Remove	
		Califestifie, 1 L. 02005	<u> </u>	
	iding or adding additional Articles			
(attach d	additional sheets, if necessary). (Be	e specific)		
/D. Done	and Lymn Holey 400C CW	110th Street Ocale El 24476 /	ADD)	
VP DONI	na Lynn Haley 4886 SW	110th Street Ocala, FL. 34476(	ADD)	
			·	
		in the control of the		J. M. 12
				<b>S</b>
		ge, reclassification, or cancellation o		
provis		ge, reclassification, or cancellation on the amendment of		
provis	ions for implementing the amendm			
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The date of each amendment(s) add	option: 11-18-10			
Effective date if applicable:		tion is required)		
	pore, than, 90, days, after, am	endment-file date)		
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adop by the shareholders was/were suff		he number of votes cas	st for the amendmen	ut(s)
The amendment(s) was/were appr must be separately provided for e				nent
"The number of votes cast fo	r the amendment(s) was/we	ere sufficient for appro-	val	
by	g group)	.,,,		
☐ The amendment(s) was/were adopted action was not required. ☐ The amendment(s) was/were adopted action was not required.				der
selected, b	etor, president or other officy an incorporator – if in the fiduciary by that fiduciary	e hands of a receiver, tr		t t
	Christoph	ner Sterner		
,	(Typed or printed na	ame of person signing)		
	Sec	retary		
	(Title of person signing)	)		