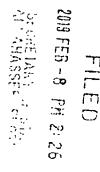
PD800035788

(Requestor's Name)				
(Addr	ess)			
(Address)				
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	me)		
(Document Number)				
Certified Copies 2	Certificate	s of Status		
Special Instructions to Filing Officer:				

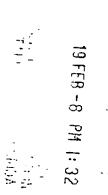
Office Use Only



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02/08/19--01003--020 **70.00



C. GOLDEN
FEB - 8 2019

COVER LETTER

Division of Corporation

OCUMENT NUMBER: PO8-35788				
he enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Fd Cov Name of Contact Person				
244 tharpe Circle Address Orincy Fl. 32351 City/ State and Zip Code				
City/ State and Zip Code Ed Cox 2917 @ gmail . Con E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Solution State Person State - 1854 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
1 \$35 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2010 FEB -8 PH 2: 26

Ed Cox Construction 1	Me AHASSEE CARE
	tly filed with the Florida Dept. of State)
PU8000035788	
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	246 Tharpe Circle
	Quincy [-1: 32351
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	
Name of New Registered Agent	
84 Mar	Street address)
	. Florida 3 2 3 5 1
New Registered Office Address: (Unincy	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages	nt·
I hereby accept the appointment as registered agent. I am familia	
ı	

Page 1 of 4

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: <u>X</u> Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	O Dion Endres	84 Tharpe Circle Oniny Fl. 32351
<u> </u>		Quiny 1. 32351
Remove		
2) Change	O Freddie Green	2005 & Atlanta
X_Add		Quiny Fl.
Remove		32351
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
-1 (1)		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
······································	
	
If an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	

The date of each amendment(s) adoption date this document was signed.	: 2/8/2019	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after a	imendment file date)
Note: If the date inserted in this block do document's effective date on the Departmen		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of v for approval.	otes east for the amendment(s)
☐ The amendment(s) was/were approved be must be separately provided for each vo		
"The number of votes cast for the	amendment(s) was/were sufficient fo	or approval
by	(voting group)	<u></u> ."
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without sharehold	der action and shareholder
Dated 2/8/20	019	
Signature Dis	on Enotas	
(By a director,	president or other officer - if direct	
	n incorporator – if in the hands of a r reiary by that tiduciary)	receiver, trustee, or other court
	Dion Endre	5
	(Typed or printed name of pers	on signing)
	Hicer	
	(Title of person sig	ning)