B800059809

(Re	questor's Name)	
· (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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10/14/08--01017--018 **35.00





COVER LETTER

Division of Corporations NAME OF CORPORATION: POBERT DAVIS CONSTRUCTION INC DOCUMENT NUMBER: <u>P07606059809</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OBERT DAVIS
(Name of Contact Person) SUBERT DAVIS CONSTRUCTION THE 731 DWAL STATION RD. SUITE 107-103
(Address)

TACKSONVICLE FLORIDA 32218
(City/State and Zin Code) For further information concerning this matter, please call: (Name of Contact Person) at (904) 838-3765

(Area Code & Daytime Telephone Number)

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

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

☑\$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

enclosed)

■ \$43.75 Filing Fee &

Certified Copy (Additional copy is

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment

Articles of Incorporation CONSTRUCTION (Name of Corporation as currently filed with the Florida Dept. of State) 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: CONSTRUCTION - FAC 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, Fl. 32218 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: New Registered Office Address: (Florida street address) Florida_ (Zip Code) (City)

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

The date of each amendment	(s) adoption: 4/19/7008
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval (voting group)
	(voting group) re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated/O	2/14/08 21/5D
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	ROBERT E. DAVIS (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)