

# P08000089159

5/13/2011 10:32 AM FROM: Conf Reporting Svc Message TO: 1850670089 PAGE: 002 OF 003

5/12/2011

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000130654 3)))



H110001306543ABCV

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813) 932-5244

Fax Number : (813) 932-3782

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: billmoore@activatemylicense.com

RECEIVED  
11 MAY 13 AM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
RAY WOODS CONSTRUCTION CO. INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

FILED  
2011 MAY 13 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TBrown 5-16-11

5/13/2011 10:32 AM FROM: Cont Reporting Svc Microsoft TO: 18506176383 PAGE: 003 OF 006  
(((H11000130654 3)))

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: RAY WOODS CONSTRUCTION CO. INC

DOCUMENT NUMBER: P08000089159

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

Please return all correspondence concerning this matter to the following:

BILL MOORE

Name of Contact Person

CONTRACTORS REPORTING SERVICE, INC

Firm/ Company

13795 N Nebraska Ave

Address

Tampa, FL 33613

City/ State and Zip Code

BILLMOORE@ACTIVATEMYLICENSE.COM

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

For further information concerning this matter, please call:

BILL MOORE

Name of Contact Person

(813) 932-5244

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

(((H11000130654 3)))

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850-617-6381 5/13/2011 10:21:50 AM PAGE 1/001 Fax Server



May 13, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RAY WOODS CONSTRUCTION CO. INC  
10408 FOREST HILLS DR.  
TAMPA, FL 33612

SUBJECT: RAY WOODS CONSTRUCTION CO. INC  
REF: P08000089159

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H11000130654  
Letter Number: 511A00011905

RECEIVED

11 MAY 13 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

5/13/2011 10:32 AM FROM: Cont Reporting Svc Microsoft TO: 18506176383 PAGE: 004 OF 006  
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Articles of Amendment  
 to  
 Articles of Incorporation  
 of

RAY WOODS CONSTRUCTION CO. INC

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

P08000089159

(Document Number of Corporation (if known))

FILED  
 2011 MAY 13 AM 10:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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:

*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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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)

(City)

, Florida  
 (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

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**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP/S	RAY A WOODS III	10408 FOREST HILLS DR. TAMPA FL 33612	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP/S	RAYMOND A WOODS	10408 FOREST HILLS DR. TAMPA FL 33612	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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**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

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The date of each amendment(s) adoption: 05/12/2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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 05/12/2011

Signature \_\_\_\_\_

(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)

RAYMOND A WOODS

(Typed or printed name of person signing)

VP/S

(Title of person signing)

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