

P08000106909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

(Document Number)

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FILED

2009 JUL 28 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

JUL 30 2009

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: COMPASS BUILDERS + RENOVATORS INC

DOCUMENT NUMBER: PD8000106909

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

Please return all correspondence concerning this matter to the following:

AMANDA B. MANGHAM  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

2659 DRUMMOND CT  
Address

ORANGE PARK FL 32065  
City/ State and Zip Code

gcoppen@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA B. MANGHAM at (904) 579-4491  
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:

- |                                          |                                                                                   |                                                                                                  |                                                                                                                         |
|------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Document Number of Corporation (if known))

Page 1 of 3

**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>                                                      |
|--------------|--------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|
| <u>P</u>     | <u>AMANDA B. MANGHAM</u> | <u>2659 DELMOND CT</u><br><u>ORANGE PARK FL</u><br><u>32065</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>P</u>     | <u>VICKI L COPPEN</u>    |                                                                 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                          |                                                                 | <input type="checkbox"/> Add<br><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)*

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The date of each amendment(s) adoption: 6-30-09

(date of adoption is required)

Effective date if applicable: 6-30-09

(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 6-30-09

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)

Amanda B. Mangham  
(Typed or printed name of person signing)

President  
(Title of person signing)