P08000110925

, (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Eiling Officer
Special Instructions to Filing Officer:

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N.C. C.COULLIETTE JAN 1 1 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Elite S	ubcontractors, Inc.
Name	of Corporation .
DOCUMENT NUMBER:	P08000110925
The enclosed Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning	g this matter to the following:
Dean Cameron	
Name of Contact Person	•
Elite Subcontractors, Inc	·
Firm/Company	
5589 Okeechobee Blvd. Suite	202
Address	
West Palm Beach, FL 334	17
City/State and Zip Code	
dcameron@eliteproned E-mail address: (to be used for future annual	t.com ual report notification)
For further information concerning this mat	tter, please call:
Kevin Priddy Name of Contact Person	_ at (561)656-4701 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Statu	\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2010

DEAN CAMERON ELITE SUBCONTRACTORS INC. 5589 OKEECHOBEE BLVD., STE 202 WEST PALM BEACH, FL 33417

SUBJECT: ELITE SUBCONTRACTORS INC.

Ref. Number: P08000110925

We have received your document for ELITE SUBCONTRACTORS INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must file Florida profit amendment to make changes to your corporation. You have submitted the form for a foreign corporation.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 710A00028833

SECHETATION AM 8: 20

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Elite Subcontractors, Inc.
DOCUMENT NUMBER: <u>P08000110925</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dean Cameron Name of Contact Person
Elite Subcontractors Firm/Company
5589 OKERCHOBERBLUD. #202
West Palm Beach, Fr 33417 City/State and Zip Code dcameron Delite pronet.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (511) USU-4701 x 101 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status (Additional copy is enclosed) \$\text{S2.50 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

Articles of Amendment

to

Articles of Incorporation

of

(Name of Corporation as cur	rantly filed with the Florida	Dent of State)		
DOS DOOU OG	Tentiy med with the Florida	Dept. of State)		
(Document Nu	umber of Corporation (if know	vn)		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		orida Profit Corporation ado	pts the following	
A. If amending name, enter the new name	of the corporation:			
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	he designation "Corp," "Inc,	" or "Co". A professional c		
B. <u>Enter new principal office address, if ap</u> Principal office address <u>MUST BE A STRE</u>			_	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF				
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of t	11 JAN I SECREJA TALLAHAS	
Name of New Registered Agent:		<u> </u>	ASSI ASSI	_
New Registered Office Address:	(Florida street ad		AH 9: 02 OF STATE EE, FLORID.	
	(City)	, Florida (Zip Code)	——————————————————————————————————————	
New Registered Agent's Signature, if change thereby accept the appointment as registered	ging Registered Agent:	nd accept the obligations of the	e position.	
	2.6. min o oj mon mogistorou	0 y		

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)

Title	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			
	iding or adding additional A additional sheets, if necessary)		· · · · · · · · · · · · · · · · · · ·
<u>provis</u>	mendment provides for an elions for implementing the an not applicable, indicate N/A)	schange, reclassification, or cancella sendment if not contained in the am	tion of issued shares, endment itself:

The date of each amendment(s) a	doption:	•	Julu	157 2010
	(date of ad	option is required)	1110	
Effective date if applicable: (no	more than 90 days after a	mendment file date)	41119	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adby the shareholders was/were su		. The number of vot	es cast for the a	imendment(s)
The amendment(s) was/were ap must be separately provided for				
"The number of votes cast i	for the amendment(s) was	were sufficient for a	ipproval	
by		.,,		
(voti	ing group)			
The amendment(s) was/were addaction was not required.	opted by the board of dire	ctors without shareh	older action and	d shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators	without shareholder	r action and sha	ıreholder
Dated	3 11			
selected,	rector, president or other o by an incorporator – if in d fiduciary by that fiducia	the hands of a recei		
$\overline{\mathcal{I}}$	(Typed or printed	Ame_nV name of person sign		_
	V.P.			
	(Title of person signif	ng)		