

P1100012039

Florida Department of State
Division of Corporations
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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

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13 AUG - 7 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: JASON@ACTIVATEMYLICENSE.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
DFI MECHANICAL & CONSTRUCTION, INC**

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

C. LEWIS

AUG - 8 2013

EXAMINER



August 8, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DFI MECHANICAL & CONSTRUCTION, INC
PO BOX 5364
HUDSON, FL 34674US

SUBJECT: DFI MECHANICAL & CONSTRUCTION, INC
REF: P11000012039

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/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: H13000174752
Letter Number: 813A00018899

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

(((H13000174752 3)))

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DFI MECHANICAL & CONSTRUCTION, INC

DOCUMENT NUMBER: P11000012039

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

Please return all correspondence concerning this matter to the following:

JASON D. MORALES

Name of Contact Person

CONTRACTORS REPORTING SERVICE, INC

Firm/ Company

13795 N Nebraska Ave

Address

Tampa, FL 33613

City/ State and Zip Code

jason@activatemylicense.com

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

For further information concerning this matter, please call:

JASON D. MORALES

at

(813) 932-5244

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:

☐ \$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

(((H13000174752 3)))

Articles of Amendment
to
Articles of Incorporation
of

DFI MECHANICAL & CONSTRUCTION, INC

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

P11000012039

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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>DAVE ILLINGWORTH</u>	<u>7404 ISLANDER LN</u> <u>HUDSON, FL 34667</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>GARY D TIPTON</u>	<u>7404 ISLANDER LN</u> <u>HUDSON, FL 34677</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>GARY D TIPTON</u>	<u>7404 ISLANDER LN</u> <u>HUDSON, FL 34677</u>	<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)

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)

The date of each amendment(s) adoption: 08/08/2013

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 08/08/2013

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)

GARY D TIPTON

(Typed or printed name of person signing)

VP

(Title of person signing)

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