P11000029202

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	<u> </u>	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BARFIE	LD CONTRAC	TING & Associa	tes, In
DOCUMENT NUMBER:			•
The enclosed Articles of Amendment and fee are	submitted for filing.		•
Please return all correspondence concerning this n	natter to the following:		
KEVIN	Name of Contact Person	-2	
BARFIELD COM	Firm/ Company	sociates, Inc.	
1311 S. US 1	Soite 1. Address		
Rockledge,	Florina City/ State and Zip Code	32955	
Barfie Idroofing E-mail address: (to be	Sad. Com Sed for future annual report	notification)	
For further information concerning this matter, ple	ase call:		
Hevin Banfuld	at (32)) <u>454. 4531</u> de & Daytime Telephone Number	
Enclosed is a check for the following amount made			
Enclosed is a check for the following amount made	c payable to the Florida Dep	artificing of State.	
\$35 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	Amend Divisio	Address ment Section n of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301



December 1, 2011

KEVIN BARFIELD 1311 SOUTH US 1 ROCKLEDGE, FL

SUBJECT: BARFIELD CONTRACTING & ASSOCIATES, INC.

Ref. Number: P11000029202

We have received your document for BARFIELD CONTRACTING & ASSOCIATES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entire document must be filled out.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout 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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 311A00026918

Articles of Amendment to Articles of Incorporation of

Barfield Contracting &	ASSociates	The ES
(Name of Corporation as earseast) free with the	`\	HAS C
(Document Number of Corporation (i	f known)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Pursuant to the provisions of section 607.1006, Florida Statutes, timendment(s) to its Articles of Incorporation:	his <i>Florida Profit Corporat</i>	ion adopts The following 22
1. If amending name, enter the new name of the corporation:		\$ \\$ \{\pi_{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tin}\tint{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex
The new name must be distinguishable and contain the word "corposibbreviation "Corp.," "Inc.," or Co.," or the designation "Corp., anne must contain the word "chartered." "professional association,	' "Inc," or "Co". A profes: " or the abbreviation "P.A.'	sional corporation
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	Rockledge,	5 Highway Fl. 3295
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS A	BOVE
J. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		me of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
(Florida stre	vet address)	
New Registered Office Address:	, Florida	
(City)	, i londa	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	: vith and accept the obligation	is of the position.
Signature of New Registered A	gent, if changing	

NDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want ford to be. Please indicate the title(s), name and address for each officer/director.

If you have more than 6 officers/directors, please list them on an ditional sheet.)

ditional sh <mark>Fitle(s)</mark>	neet.) <u>Name</u>	Address	
1) secrati	Micheal Tindall	Mims, FL 32754	
2) treasur	Blaine File		anc
3) secrate	Micheal Schmider	1169 Luther Dr Rockledge, FL	32955
4 <u>) vp</u>	Davin Eriekson	1620 pluto st	32953
5)			
6)			
<u>if REMOVI</u>	NG an officer and/or director, please	ist the title(s) and name of the of	ficer/director to be removed:
Title(s)	Name	Titlets) Name	
1)		4)	
2)		5)	

Ė.	If amending or adding	additional Art	icles, enter chang	e(s) here:		
	If amending or adding (attach additional sheets,	if necessary).	(Be specific)			
		,				
	·					
					,	
				* * *		
						

	or implementing the amendment if not contained in the amendment itself: plicable, indicate NAA
(ij noi up	pucame, marcare (v.1)
	, ,
he date of each	amendment(s) adoption: $1/25/11$
in time of each	
PP 41 1 10	applicable: 11/30/11
ffective date <u>if</u>	applicable: ///30/// (no more than 90 days after amendment file date)
doption of Am	endment(s) (CHECK ONE)
30puon oi Am 1	indiment(s) (CITECN O'SF)
The amendme	nt(s) was/were adopted by the shareholders. The number of votes east for the amendment(s)
by the shareh	olders was/were sufficient for approval.
The amendme	nt(s) was/were approved by the shareholders through voting groups. The following statement
	ately provided for each voting group cutitled to vote separately on the amendment(s):
"The nu	nber of votes cast for the amendment(s) was/were sufficient for approval
	•
by	(voting group)
	(voling group)
The amendme	nt(s) was/were adopted by the board of directors without shareholder action and shareholder
action was not	required.
The amendme	nt(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not	
	· ·
	Dated 11-25-2011
	Signature Multiple Multiple
	(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)
	abbannan mananni ob man masunit t
	Kevin Barfield
	(Typed or printed name of person signing)
	President
	(Title of person signing)