

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P11000047840

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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: AMANDA@ACTIVATEMYLICENSE.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
TRI COUNTY RESTORATION, INC.**

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J. HORNE

AUG 23 2022

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRI COUNTY RESTORATION, INC.DOCUMENT NUMBER: P11000047840

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

Please return all correspondence concerning this matter to the following:

AMANDA JOHNS

Name of Contact Person

CONTRACTORS REPORTING SERVICE, INC

Firm/ Company

13795 N Nebraska Ave

Address

Tampa, FL 33613

City/ State and Zip Code

info@activatemylicense.com

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

For further information concerning this matter, please call:

AMANDA JOHNS

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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2022 AUG 22 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL
H220002837673

Articles of Amendment
to
Articles of Incorporation
of
TRI COUNTY RESTORATION, INC.

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

PI1000047540

(Document Number of Corporation (if known))

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)

1100 S. Powerline Road, Suite 107

Deerfield Beach, Florida 33442

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1100 S. Powerline Road, Suite 107

Deerfield Beach, Florida 33442

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: Ralph Pokorny

1100 S. Powerline Road, Suite 107

(Florida street address)

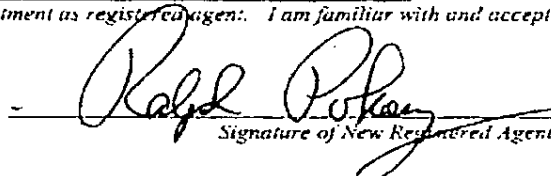
New Registered Office Address: Deerfield Beach, Florida 33442

(City)

(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

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c); F.S.

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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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>JOYCE WYMAN</u>	<u>7810 RINEHART DRIVE</u>
<input type="checkbox"/> Add			<u>BOYNTON BEACH, FL 33437</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PRES</u>	<u>JEFFREY WYMAN</u>	<u>7810 RINEHART DRIVE</u>
<input type="checkbox"/> Add			<u>BOYNTON BEACH, FL 33437</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>RALPH POKORNY</u>	<u>1100 S POWERLINE RD, STE 107</u>
<input checked="" type="checkbox"/> Add			<u>DEERFIELD BEACH, FL 33437</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>ALEXANDER POKORNY</u>	<u>1100 S POWERLINE RD, STE 107</u>
<input checked="" type="checkbox"/> Add			<u>DEERFIELD BEACH, FL 33437</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S,T</u>	<u>JUNE POKORNY</u>	<u>1100 S POWERLINE RD, STE 107</u>
<input checked="" type="checkbox"/> Add			<u>DEERFIELD BEACH, FL 33437</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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: _____, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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)

Dated 7/29/2022

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)

Ralph Pokorny

(Typed or printed name of person signing)

President

(Title of person signing)